Maternal and Child Health Services Title V Block Grant

Hawaii

FY 2027 Application/ FY 2025 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
DIRECTOR OF HEALTH
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 1, 2026

Shirley Payne, Ph.D., M.P.H.
Director
Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, 18W
Rockville, Maryland 20857

Dear Dr. Payne:

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) 2027 (October 1, 2026 – September 30, 2027). The FY 2027 application and FY 2025 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, and assurances are no longer required and will be submitted electronically through the EHBs along with the remainder of the application and 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 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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

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 with70% living in the City and County of Honolulu.

Hawaii is one of the most ethnically varied states with no single racial majority. The population includes 36.3% Asian, 21.9% White, 9.5% Native Hawaiian and other Pacific Islander, and less than 2% Black. The state has a large heterogeneous Pacific Islander and Asian population. Nearly 28.3% identify as multiracial, with indigenous Native Hawaiians comprising 22.6% (when combined with other races). About 18.6% 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-based state health offices on Kauai, Maui, and Hawaii Islands.

The Hawaii State Department of Health (HDOH) works to promote and protect the physical, psychological, and environmental health of the people of Hawaii through assessment, policy development, and assurance. 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. In 2025, Hawaii completed a new 5-year needs assessment and selected the following priorities for the 2026-2030 project period.

Population Domain	Topic	2026-2030 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.
Perinatal/ Infant Health	**Safe Sleep**	Increase the prevalence of safe infant sleep practices by partnering with communities to promote relevant education and resources that 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.
Adolescent Health	**Bullying Prevention**	Reduce the percentage of adolescents who experience or engage in bullying by promoting evidence-based prevention programs
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

Comprehensive Needs Assessment. Coming out of the global pandemic and Maui Wildfires, FHSD adopted a comprehensive approach to the 2025 five-year needs assessment. The assessment identified over 70 preliminary findings highlighting the profound impact of community-level factors that impact health including family stress due to the high cost of living, lack of affordable housing, a growing need for mental health services; diminished social support and connection; concerns about family and community violence, inconsistent access to healthcare and social services, and a clear need for more relevant care.

Community Informed Process. The 2025 needs assessment was grounded in broad community engagement throughout planning and implementation. An Advisory Committee brought together community perspectives and internal staff expertise, and a planning meeting with more than 60 partners shaped the assessment approach—including expanded qualitative data collection in partnership with community-based organizations serving priority MCH populations. A dedicated needs assessment website kept stakeholders informed and supported ongoing participation.

Extensive Community Engagement. Throughout 2024–25, FHSD worked with community organizations to reach stakeholders statewide using multiple methods. An online survey gathered input from 1,053 respondents, including healthcare providers, families, and organizational partners. In addition, 26 focus groups engaged 171 participants—parents, caregivers, youth, young adults, advocates, community-based organizations, and health and social service providers. Participants represented every island, were predominantly women, and ranged in age from 16 to 65. This broad engagement ensured the assessment reflected diverse lived experiences and community priorities.

Community-Centered Reporting. Over the past year, the program worked diligently to present assessment findings in user-friendly, community-centered formats. The 300+-page needs assessment report submitted with last year's Title V application was distilled into accessible summaries and visualizations that elevate community-identified priorities. FHSD is finalizing these products in July 2026 and developing plans for an effective rollout to community partners. This approach reflects the program's commitment to honoring the extensive community input that shaped the

assessment and ensures the information remains meaningful and actionable for families, partners, and stakeholders.

FHSD Program Updates. FHSD continues to adjust and refine programs to more effectively address the most critical needs of communities across the state. Federal policy changes may require additional program modifications in the coming years. Despite ongoing vacancies and workforce strain, FHSD staff continue to demonstrate resilience - building new partnerships, adapting to shifting expectations, and addressing service gaps amid increasing demands.

Workforce Challenges & Opportunities: As reflected in the needs assessment, the state's public health workforce is experiencing notable challenges. Rising retirements among long-serving staff, combined with a contracting statewide labor market and population decline, contribute to persistent vacancies, elevated stress and burnout, and a loss of institutional knowledge across FHSD programs. At the same time, these shifts present opportunities, including a growing pipeline of young, dynamic public health graduates and new senior leadership working to modernize and strengthen program operations.

Workforce Development. FHSD is prioritizing workforce stabilization through stronger cross-division collaboration, expanded training and supports, and improved communication. These strategies aim to preserve critical knowledge, strengthen staff skills, and reinforce internal capacity so the Division can maintain core services and respond effectively to evolving statewide needs. By investing in new talent and a more connected workforce, FHSD is building the foundation needed to adapt to future demands.

Clients Served/Programs Reach. As reported in Form 5a, Title V programs continued to see growth in direct client services in 2025, with a 26.3% increase over 2024. Service levels were also 8.1% higher than 2019 pre-COVID levels, following the sharp decline experienced during the pandemic. The 2025 increase was not consistent across all program or population groups. The reach of other public health services, as reported in Form 5b, remained similar to 2024 but showed substantial gains compared to 2019, including a 93.2% increase in outreach to adults and a 7.5% increase in outreach to children, driven largely by expanded media initiatives.

5-Year Highlights for 2021-2025 Priority Performance Measures

This FY 2025 report concludes the final year of the 2021-2025 project period. The table below outlines which priorities will end and which will continue into the next cycle across the population domains. Also, brief accomplishments are highlighted for each priority.

Population Domain	Title V Priority Performance Measures
Women's/Maternal Health	Promote reproductive life planning *(last report year)*
Perinatal/Infant Health	Promote food security through WIC services *(moving to child domain)*
	Increase infant safe sleep conditions *(continuing)*
Child Health	Improve the percentage of children ages 0-5 years screened early and continuously for developmental delay *(continuing)*
	Reduce the rate of child abuse and neglect, with special attention to children ages 0-5 years *(last report year)*
Adolescent Health	Improve the healthy development, health, safety, and well-being of adolescents *(last report year)*
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 *(last report year)*
Cross-Cutting	Reduce disparities by expanding pediatric mental health care access in rural & at-risk communities *(last report year)*

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 carry out the federal Maternal Health Innovation grant activities; completed and implementing a state MH Strategic Plan.
- The MCH Branch continued to provide reproductive health services to at-risk communities statewide.

DOMAIN: PERINATAL/INFANT HEALTH

Promote safe sleep practices

- Conducted multi-media messaging campaign to promote safe sleep and resources available through the state toll-free Parent Line and website *https://www.parentlinehawaii.org/*.
- Staffed the Safe Sleep Hawaii coalition and sponsored the annual Safe Sleep Summit.

Address Food Insecurity through Improving WIC services

- Published data on WIC clients and retention rates used to strengthen program planning and evaluation.
- Focused on workforce development for WIC staff to address retention and the changing needs of families.

DOMAIN: CHILD HEALTH

Improve early and continuous screening for developmental delay

- Support innovative project integrating developmental screening kiosk into community health center pediatric practice using family navigators.
- Evaluating whether to shift the *Hi'ilei* screening program from direct services to a systems building role to improve service coordination and statewide data collection

Reduce the rate of child abuse and neglect (CAN)

- Strengthened community capacity by awarding final year of federal ARPA funding to community-based family and parenting support services.
- Expanded availability of state home visiting services and supported the network of home visiting programs.

DOMAIN: ADOLESCENT HEALTH

Improve adolescent health and well-being

- Partnered with residential youth programs to provide evidence-based healthy youth development programs for the state's most at risk youth
- 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 Special Support Program youth using evidence-based Transition practices and data system. The system was adopted by 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, including Transition to Adult healthcare.

DOMAIN: CROSS-CUTTING/SYSTEMS BUILDING

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

- In partnership with the Queen's Medical Center, the pediatric mental health warmline pilot on Maui provided teleconsultation services and care coordination for pediatric providers. The warmline is being expanded statewide and to Pacific Basin
- Conducted mental health training for pediatric and family service providers through dedicated seminars, institutes, and conference presentations.

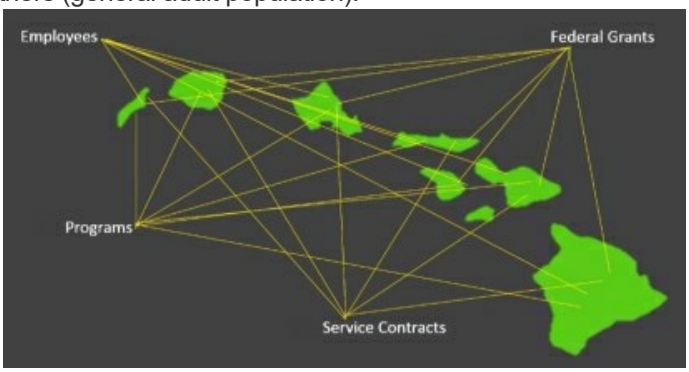
Optional Reporting. Under the new Title V guidance, most of the grant overview narrative updates are optional in the interim needs assessment years. Hawaii chose not to update most narratives in order to focus limited staffing resources on continuing needs assessment activities and advancing work on priority health issues.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

The Hawaii SNAP–WIC collaboration began in 2021 through a Share Our Strength/No Kid Hungry grant designed to reduce childhood hunger by improving data-sharing across programs. While DHS led the initial 18-month demonstration, DOH WIC served as the consistent implementation partner, helping shape outreach and bridge cross-enrollment gaps. A joint announcement by DOH, DHS, and the Governor's Office marked the statewide launch of this integrated pathway.

The FHSD Information Specialist guided communications planning and implementation, ensuring the campaign's messaging remains clear, consistent, and responsive to families' needs. Early efforts focused on simple shared creative—flyers and print ads developed jointly by WIC and SNAP—which later expanded into the current public-facing "SNAP and WIC—We Got You Hawai'i" campaign.

By late FY2025, the partnership progressed into a coordinated system in which SNAP sends monthly data extractions to WIC. With data-extraction and MIS integration nearing completion, WIC is strengthening cross-promotion and preparing for the next phase, when it initiates follow-up with eligible families this summer.

Current media placements include targeted TV, digital, radio, and transit ads statewide. through KHON2 (local Fox affiliate) and Spectrum, including targeted social media and digital display placements; statewide radio coverage on Pacific Media Group's 20+ stations; and out-of-home advertising on TheBus' full 480-bus fleet. Families can learn more and enroll at SNAPandWIC.hawaii.gov.

Building on earlier outreach, current messaging highlights how SNAP and WIC complement each other and help families get the most from their benefits. Messages also highlight that SNAP and Med-QUEST participants are often automatically income-eligible for WIC and introduce the coming SNAP→WIC referral pathway. During recent federal uncertainty, DOH reminded families that WIC services were still open and encouraged SNAP households to apply.

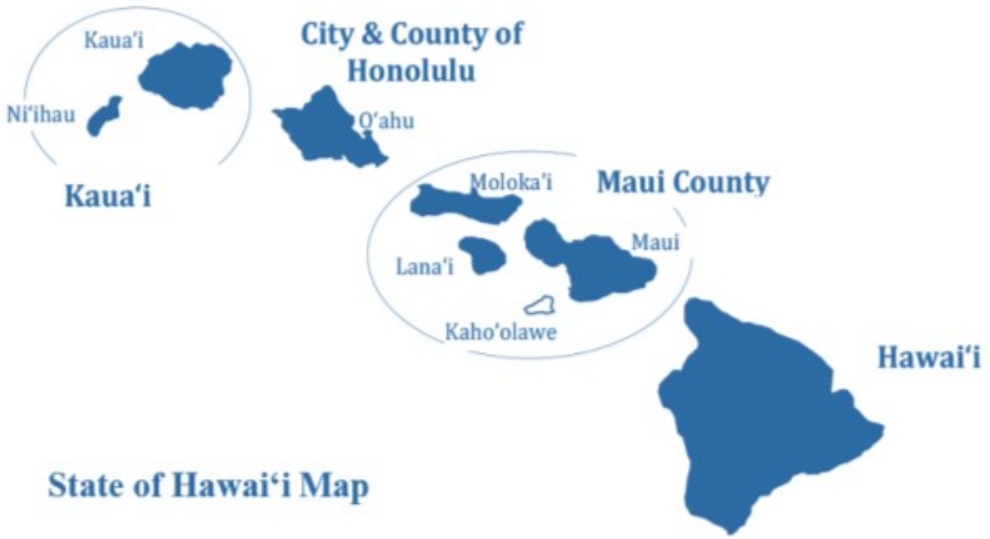
Future goals include increasing cross-enrollment for pregnant and postpartum families, expanding partner distribution, and sustaining paid media. Key metrics will include referral and conversion patterns between SNAP and WIC; media performance indicators (reach, frequency, impressions, and engagement); access and inclusion measures such as uptake among priority populations and postpartum retention; and continued development of unified evaluation tools and dashboards. This coordinated SNAP–WIC approach advances the state's Title V priority on food sufficiency, connecting families to nutrition supports at the moments that matter most.

III.B. Overview of the State

III.B.1. State Description (Last Modified: FY 2026 Application/FY 2024 Annual Report)

aGEOGRAPHY

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]

MULTI-ETHNIC POPULATION

Hawaii remains the most multi-ethnic 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 variety, 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.

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.[7] In 2023, Active Duty, National Guard, and Reserve Personnel comprise an estimated 3.8% of the state's population (54,149 people).[8]

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).[9] 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).[10] 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),[11] 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.[12] 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),[13] 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.[14] 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.[15] 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%[16] 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.[17] In 2024, the civilian labor force averaged 671,100 people, a decrease of 5,250 people (0.8%) from 2023.[18]

Conversely, Hawaii averaged 637,700 jobs in 2024, an increase of 5,500 jobs (0.9%) over 2023.[19] 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.[20]

The Government sector reported an annual average of 2.0% increase in jobs in 2024, compared to 2023.[21]

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.[22] 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).[23] 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.[24] 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.[25]
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 average 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%).[26]

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).[27] 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%).[28]

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.[29] Other sources ranked Hawaii as the most expensive state in the nation, in terms of cost of living.[30]

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.[31] 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.[32]

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.[33] 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.[34]

Health Services Infrastructure

There are approximately 100 healthcare facilities total in Hawaii.[35] 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.[36] 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.[37]

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.[38]

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.[39] 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.

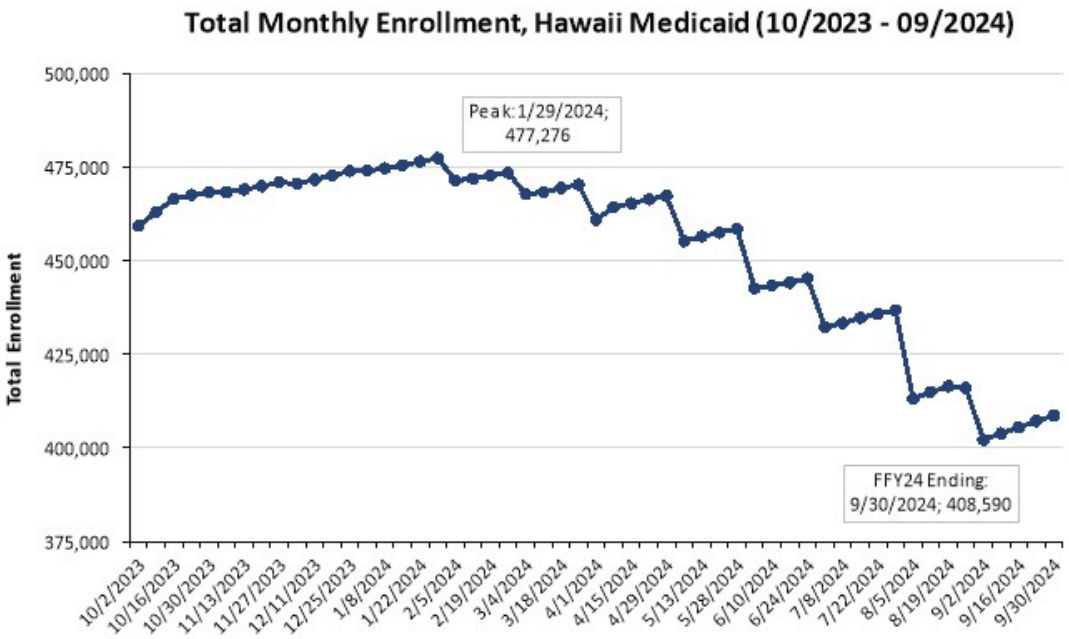
- Pregnant women qualify, with family income up to 196% of the FPL.
- Parents/Caregiver relatives, qualify up to 105% of FPL and
- Other adults, under 65 years of age, qualify, up to 138% of the FPL.

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.[40] 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 313% 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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 factor that influence health.

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, Hi'ilei 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 for all people, 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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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
        - Hiʻilei 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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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.

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 PMHCA 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

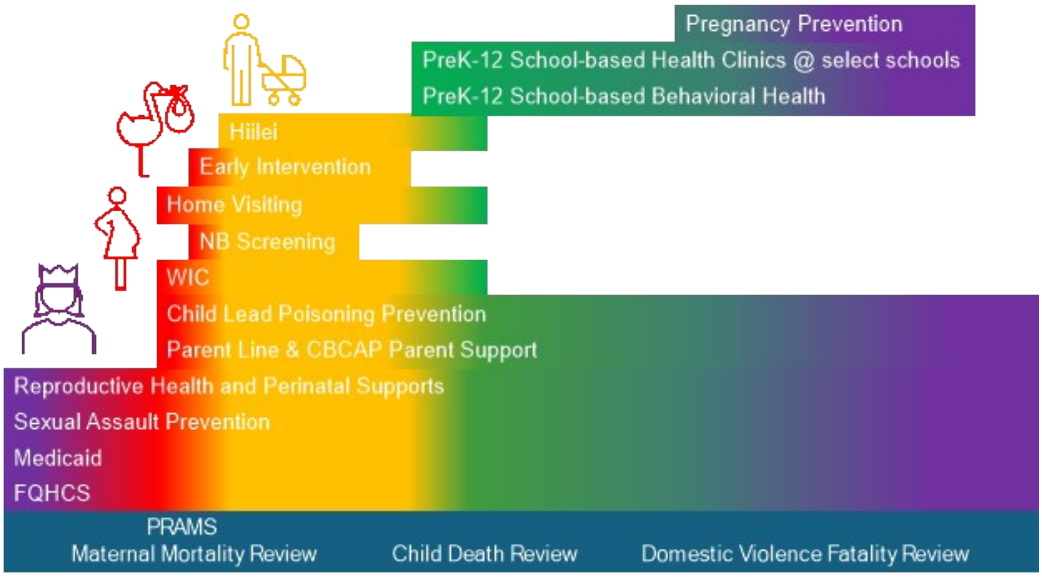
- Medicaid Rural Hospital Flexibility (FLEX) Program
- Small Rural Hospital Improvement Program (SHIP)

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:

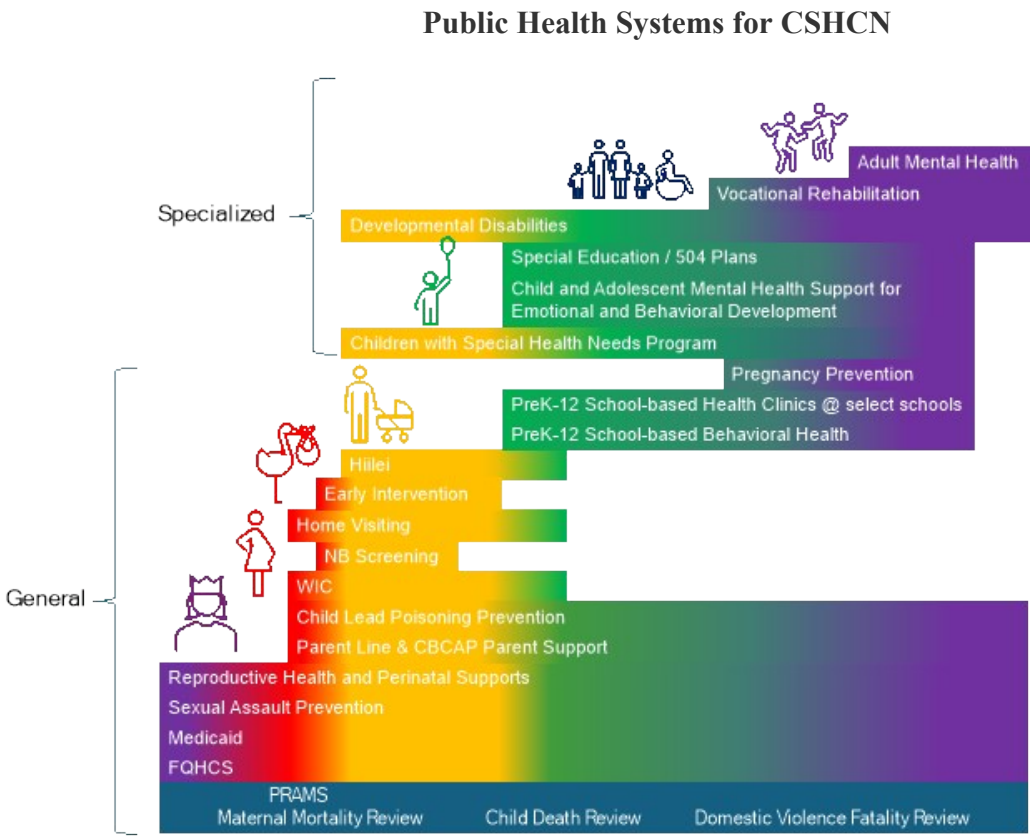
- **Leader** (create policies and new programs, align community resources)
- **Convener** (bring people together to discuss and plan, support coalitions)
- **Partner** (work with 1-2 other organizations to work on design, supporting the work of others leading in the area)
- **Adopter** (ensure existing 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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)



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.

EPSDT: 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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

The following narrative provides a description of the areas of collaboration between the Hawaii Title V program and the State Medicaid program. It reflects the intent and content of the Inter-Agency Agreement/Memorandum of Understanding (MOU). A copy of the most recently signed IAA/MOU is included as an attachment, as required for this Application/Annual Report.

Collaboration includes the following areas:

- Agreements that influence health care delivery for the MCH population, particularly CSHCN, including children with medical complexity issues
- Program outreach and enrollment
- Medicaid Child and Adut Core Set Measures
- Legislative policy coordination related to MCH services delivery and coverage, particularly for CSHCN

Note: At this time, the Title V program does not use Medicaid administrative drawdowns and does not provide school-based services that could be covered by Medicaid funds.

MOU. In 2025, FHSD executed a new MOU with the state Department of Human Services (DHS), Med-QUEST Division (MQD) to meet HRSA Title V requirements for an interagency agreement. The MOU formalizes existing agency collaborative efforts that strive to improve the health of all Hawaii mothers, children, and families.

The MOU does not require or direct any specific joint activities between the two agencies, with the exception of the processes to request Medicaid data for the Title V Annual Report, as well as other programmatic needs. Consistent with the guidance from the National Academy of State Health Policy, the MOU emphasizes broad ongoing collaboration to address the health needs of the state's MCH population.

Shared Focus on MCH. Many MCH and public health priorities are already embedded within the MQD program, which emphasizes access and quality care for lower-income pregnant women, children, and at-risk populations. Title V and MQD share a commitment to reduce health disparities across the life course, while regularly collaborating to improve healthcare for shared populations, especially families with children and their mothers.

New Federal Requirements. MQD is preparing for major federal policy changes anticipated with the enactment of the federal HR 1, "Big Beautiful Bill," legislation. Planning efforts include statewide briefings and projections regarding the new requirements, such as increased eligibility verification, narrower coverage pathways for immigrant populations, work or community engagement requirements, and expanded cost-sharing that may affect Hawaii Medicaid beneficiaries.

MQD is developing pilot initiatives, strengthening outreach strategies, and upgrading eligibility and data systems to support more frequent eligibility checks, as well as new administrative rules that are expected to take effect as early as 2027. Throughout this process, MQD has emphasized continuity of care and the sustained support for its at-risk populations, including women, children, and families served by Title V programs. These proactive efforts position Hawaii to navigate federal changes, while maintaining access to high-quality healthcare across the state.

Given the shared values and vision of MQD and the Department of Health (DOH), collaboration between MQD and FHSD continues to be frequent and essential, particularly as Hawaii prepares for the implementation of federal HR 1 changes.

Advisory Councils/Workgroups. The DHS-MQD Quality Improvement/Community Relations Nurse and Medical Director participate regularly in DOH Advisory Councils and workgroups, such as the Maternal Mortality Review Council, the Early Intervention Coordinating Council; the ECCS HIPP grant Implementation Team; the Pediatric Mental Health Care Access Advisory Council; Project LAUNCH Young Child Wellness Council; as well as several other workgroups.

Agreements

- CSHNB/Early Intervention Services (EIS) worked with MQD to update the MQD-DOH MOA, which is related to processing Medicaid payments for early intervention (EI) services. The MOA includes appropriate coding and rates and specifies expected collaboration between the EIS Care Coordinator and MQD Health Plan Service Coordinator. This collaboration ensures a smoother transition of clients from EIS to their next service 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 identifies a clear and simple workflow that outlines how and when information will be exchanged, along with detailed, side-by-side role descriptions 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 in order to cover Applied Behavior Analysis (ABA) services for children with an Autism Spectrum Disorder (ASD) diagnosis. The memo also details that an EI Care Coordinator and QI Health Plan Service Coordinator will collaborate on all transition processes.

Enrollment & Service Utilization

- DOH Title V programs integrate Medicaid enrollment promotion into most health service programs and contracts, thus ensuring that clients receive information about available coverage and how to access it.
- WIC, like other FHSD direct service programs, supports Medicaid/MQD referrals. Staff screen families for potential eligibility, provide guidance on coverage and the application process, and help clients connect with enrollment personnel, when needed. Although Medicaid is federally required to notify all eligible women and parents with young children about WIC, WIC's role centers on outreach and connection: helping to identify

uninsured clients, sharing Med-QUEST enrollment information, and offering warm handoffs in clinics with on-site MQD eligibility workers. Direct data sharing between WIC and Medicaid is limited, due to state confidentiality requirements.
- Title V direct service programs are reinforcing Medicaid work requirements compliance, by encouraging all Medicaid-enrolled clients to keep their electronic enrollment and employment information updated.

Title V Priority Areas
- EPSDT. The CSHN Branch and MQD co-lead quarterly EPSDT meetings that include the health plan EPSDT coordinators, as well as other state and community partners to improve access to quality care and support services, such as transportation for children and CSHN. FHSD staff regularly present updates on initiatives and available services for children and youth.
- Medicaid Data. MQD provides data for the Title V Annual Report (Form 6) with updates on Medicaid enrollment trends and Child and Adult Core Set Measures. This data is highlighted in the Hawaii Title V annual report.
- ECCS Advisory. The MQD serves on the Early Childhood Comprehensive Systems (ECCS) Advisory Board, contributing to efforts to strengthen maternal and infant health systems, including access to prenatal and postpartum care, well-child visits, and developmental screening.
- Pediatric Mental Health. MQD serves on the PMHCA Advisory Council to provide support for the implementation of the teleconsultation line, HI-MPAL (Hawaii Mental Health Pediatric Access Line), and PMHCA-led trainings and events. MQD engages in planning discussions, receives updates with attention to pediatric provider needs, provides feedback, and promotes PMHCA to EPSDT.

  MQD supported PMHCA initiatives including the development of the DC 0–5 crosswalk to strengthen billing practices for providers who incorporate DC 0-5 in their practice. MQD also provides guidance to PMHCA related to provider billing and coding for those who use the HI-MPAL line.

Other Activities
- Hawaii Child Wellness Incentive Program (HCWIP): Established by Act 127 (2023), HCWIP provides a $50 gift card to Medicaid-enrolled parents whose children complete the recommended annual well-child visits. DHS presented incentive program information to DOH MCH programs. The $50 card can be used to buy items like healthy food and other household necessities. Eligibility is limited to a parent who is actively receiving Medicaid/QUEST. The children do not have to be Medicaid clients.
- Zero to Three. FHSD continues to partner with DHS to support infant and early childhood mental health. MQD 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 Medical Director were able to attend the national meeting, where the state's efforts in financing Zero to Three services were highlighted.
- Legislative Coordination: During annual legislative sessions, FHSD and MQD may jointly develop and coordinate legislative policy positions and testimony on child and family-related legislation for the Administration.

III.B.4. MCH Emergency Planning and Preparedness (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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.

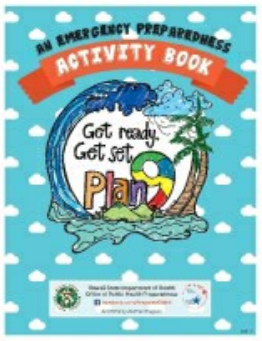
The Hawaii Title V Director served as the DOC Planning Section Chief, and the FHSD Administrative Officer served as DOC Logistics Section Chief during the 2020-2023 COVID response.

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 for Needs Assessment Update (Last Modified: FY 2027 Application/FY 2025 Annual Report)

The Family Health Services Division (FHSD) continues to advance its ongoing needs assessment activities to inform priority setting and program planning for the 2026–2030 Title V project period. This narrative summarizes progress to date and outlines key activities currently underway.

Comprehensive Scope of Work. In response to the COVID-19 pandemic and the 2023 Maui wildfires, Hawaii expanded its customary assessment approach to a more comprehensive and inclusive process. Previous cycles focused primarily on priority selection and review of Title V Federally Available Data (FAD), with limited community input to a community survey. In contrast, the 2025 assessment incorporated guidance from community partners through an Advisory Committee, a large kick-off planning meeting held in May 2024, regular email updates on progress, and a public website.

Data collection included extensive input from community partners, FHSD program staff, families, and youth, particularly from rural and marginalized communities. This approach aligned with federal guidance, encouraging states to look beyond the FAD to identify emerging and cross-cutting needs. Implementing this expanded process required additional resources during a period of increasing staff vacancies and limited access to specialized maternal and child health (MCH) expertise in the state university public health program. See more information about the needs assessment process in the State System Development Initiative (SSDI) grant report.

2025 Needs Assessment Completed. Despite resource constraints and an expanded scope, Hawaii completed the 2025 needs assessment grant requirements on time. The process produced a comprehensive 300+ page final report, identified seven new and continuing Title V priorities, and developed preliminary action plans and performance measures.

Timeline and Delays. The decision to pursue a more comprehensive assessment scope resulted in several unanticipated delays in both the overall timeline and the reporting of final findings to community partners. The expanded scope required substantially more time, coordination, and engagement than originally planned.

Community engagement activities, in particular, required significantly more time to implement in a meaningful and coordinated manner. Additional time was needed to conduct focus groups and build trusting relationships with new community partners who assisted with hosting and conducting the groups. Translation of the community survey was also delayed due to limited contractor availability statewide, preventing FHSD from translating certain promotional materials and limiting outreach to targeted populations. These delays extended reporting, dissemination, and planning activities into 2026.

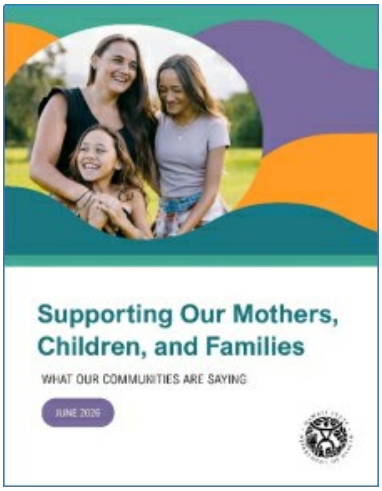
Community-Centered Reporting. Following completion of the assessment, FHSD prioritized reporting findings back to communities in formats that were accessible, actionable, and reflective of community-identified priorities. Initial needs assessment findings were shared in April 2025 during organized data ‘Preview’ sessions with FHSD staff and key partners, which were designed to collect comments, input, and guidance on final reporting. FHSD noted that many assessment findings were not new but confirmed long-standing health challenges experienced by families and communities statewide.

Feedback emphasized simplifying the volume of information and re-organizing content into population-specific domains, while acknowledging the numerous cross-cutting themes. Some partners recommended reconsidering the use of the five-domain structure and exploring a more 'family-focused' framework in the future.

FHSD is focused on synthesizing large volumes of quantitative and qualitative data into clear summaries, visualizations, and narrative products. This effort also involved searching for and securing a new lead contractor. These deliverables are intended to promote transparency, strengthen shared understanding, and support coordinated planning across priority issues. FHSD plans to disseminate findings to the general community in early Fall 2026 and will update its webpage with links to reporting products upon completion.

Staff Engagement. FHSD program managers actively contributed to the review and refinement of the needs assessment reports. These products were incorporated into an April 2026 Title V staff training to support ongoing needs assessment work related to the individual Title V priority issues. During the training, the materials were used in structured activities designed to promote intentional hands-on use and real-time application. The high-level assessment findings supported staff learning by highlighting broader population-based health trends, socioeconomic conditions affecting families, and larger systems issues that influence health outcomes.

Finalizing Reporting Products. FHSD is finalizing the set of reporting products that summarize key components of the needs assessment. The products will be shared with community and agency partners and are briefly described below.

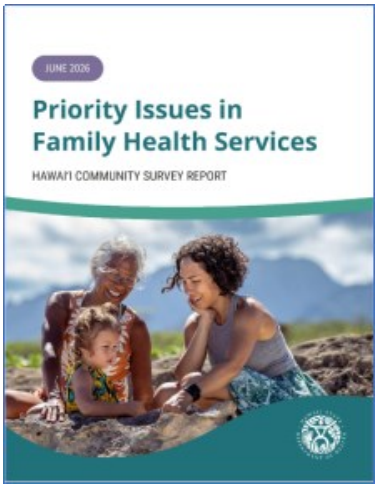


Focus Group Report. Focus groups were conducted across all islands, with 128 community members participating in 13 focus groups, including parents, caregivers, advocates, youth, young adults, and MCH community partners. Two groups were held with youth and young adults, and eleven with parents, caregivers, and advocates. Ten groups met in person, and three were conducted on Zoom, to increase accessibility.

These focus group discussions highlighted key gaps and barriers in MCH services, discussed and identified possible solutions, and emphasized the positive impact of community-driven social support. Note: Additional focus groups were held with families and caregivers of children and youth with special health care needs (CYSHCN); those findings are summarized separately.

The report summarizes six key areas of need identified across all focus groups:

- Access to care - Provider shortages are pervasive across specialty areas and may vary between islands.
- Comprehensive reproductive health care - Comprehensive reproductive health care is limited, particularly beyond the city of Honolulu.
- Coordinated and respectful care - Communities overwhelmingly seek coordinated and respectful health care.
- Policies affecting family choice and bonding - Current state and facilities policies give families little choice in care options and newborn bonding.
- Mental health support - Mental health support for mothers and youth is an urgent and unmet need.
- Financial stress - Financial stress exacerbates significant barriers to maternal and child health care.
- Social support systems - Peer, family, and community social support systems foster better health and greater resilience.



Community Survey Report. From December 2024 to March 2025, FHSD conducted a statewide online survey to gather input on MCH priority concerns from a wide range of stakeholders. The survey was designed to reach various Hawaii residents, including certain groups often underrepresented in national datasets. It was translated into four languages: English, Chinese, Ilokano, and Tagalog. Participants could provide input on a total of five populations—women, infants, children, teens, and children and youth with special health care needs (CYSHCN). They were asked to identify up to five top priority issues for each group in their survey responses from an existing list or write-in issues.

A total of 1,053 individuals completed the survey, including 703 family and youth respondents, 414 partner organizational representatives, and 149 clinical providers. Participants represented all four counties (Hawaii, Honolulu, Kauai and Maui), with more than half the respondents residing and/or working on Oahu.

Several high-level themes emerged across the top priorities for populations:

- Mental and behavioral health is a top maternal and child health priority.
- Economic issues that adversely affect quality of life received the highest rankings.
- Family violence and bullying surfaced as a significant concern across groups.
- Population-specific needs vary, and priority issues are not one-size-fits-all.

Title V Priority Fact Sheets. Brief summaries were developed that outline each of the selected new or ongoing Title V priorities. These fact sheets include information on the importance of the issue, key data points, programs and resources, and preliminary strategies to guide program planning. The fact sheets are designed to support improving communication with partners, as well as provide accessible, easy-to-use information for community and stakeholder engagement and dialogue for ongoing needs assessment for each of the Title V priority issues.

As Title V staff share these fact sheets with partners, they can gather feedback, validate priorities, and strengthen collective understanding of each issue. This engagement will support continuous assessment, guide refinement of strategies, and ensure that partner perspectives remain central to shaping Title V's priority work.

Five Population Domain Summary Reports. These concise summaries highlight key findings for each Title V population domain and were developed to support enhanced program planning and communication with partners. The key findings from each domain are presented in the Needs Assessment Findings narrative, along with demographic and Title V Federally Available Data summaries on health status.

Summary of CSHCN Domain Findings

Title V Comprehensive Needs Assessment Report. The original 300-page needs assessment report was edited and reformatted in order to better scan and navigate through the extensive data collected and summarized. This expanded report is intended for those who are interested in more detailed data and summary information.

Workforce Survey. Additionally, results from the internal workforce survey, combined with findings from the 2024 Public Health Workforce Interests and Needs Survey (PH WINS) were developed into a short summary report, with a PPT presentation that was shared with FHSD program managers in March 2026. A five-minute video is also being created based on key slides from the presentation to support broader dissemination to 200 FHSD staff. A workgroup will be convened, which is intended to support implementation of several key recommendations from the survey. Activities are expected to help strengthen FHSD communications, share self-care information/supports for staff, and promote greater internal cross-program collaboration.

New Consultant. To develop the community-focused assessment publications, FHSD searched for and secured assistance from a new contractor, Facente Consulting, a small, private public health consulting firm that has broad experience working with national, state, and community-based public health organizations. One of their areas of expertise is translating academic reports into user-friendly materials that are designed for the broader layperson and community use. FHSD worked diligently since January 2026 to complete these reports.

Hilopa'a Family to Family Inc. Hilopa'a continues to play a critical role in needs assessment and Title V efforts. The organization is essential in ensuring trusting and meaningful engagement of families, community members, and FHSD staff throughout the assessment process. Drawing on its deep knowledge of local cultures, communities, and the healthcare system, as well as its long-standing partnership with FHSD, Hilopa'a helped ensure that assessment activities are grounded in meaningful community partnership and collaboration.

Other ongoing updates on needs assessment activities follow.

Title V Workforce Training/Toolkit. Through 2026, Title V staff and managers are participating in FHSD workforce training efforts to support completion of a Title V toolkit and related training materials. The first training session was completed in April 2026, and additional sessions are being discussed based on staff evaluations. These resources are intended to guide the necessary data collection and community engagement activities required to select detailed strategies and develop work plans for the 2026–2030 project period. This work supports performance measure strategies that focused on conducting environmental scans to inform strategy development and workplan design for the upcoming grant project cycle.

The workforce development materials will also help address the need for public health training among FHSD staff—as only 13% reported formal public health training in the 2024 PH WINS survey—and strengthen internal capacity to carry out these responsibilities effectively.

New Epidemiologist. After nearly eight years without an MCH epidemiologist, FHSD hired Dr. Janine Abe as the new MCH Division Epidemiologist as of January 2026. Dr. Abe holds a PhD in Epidemiology and an MS in Biomedical Science, supported by additional training through a postdoctoral fellowship in cancer epidemiology, where her research focused on understanding and reducing racial and ethnic disparities.

Her expertise includes applied data analysis using statistical software such as SAS, guest instruction in epidemiology and statistical methods, and mentorship in data analysis and research projects. Dr. Abe has extensive experience working in multicultural settings and is committed to strengthening data capacity and supporting evidence-based public health efforts to improve the health of mothers, children, and families in Hawaii. She was born and raised in Hawaii and has resided on both Oahu and Maui.

She is currently learning more about MCH as an area of specialization, as well as FHSD's numerous programs and extensive related data needs. Some of the new and continuing research areas that she is currently pursuing include:

- Low birth weight - Trends in low birth weight overall and by race/ethnicity using Hawaii PRAMS data (2019–2023). Recent increases make this an important area for further investigation and action, especially since Title V Federally Available Data indicates that there is a concerning upward trend in Hawaii.
- Preterm delivery - Preterm delivery patterns, by race/ethnicity, from Hawaii PRAMS (2019–2023).
- Sugar-sweetened beverage consumption - Consumption patterns and associated sociodemographic and behavioral factors among women of reproductive age, using Hawaii BRFSS data (2019–2023).
- Maternal oral health and birth outcomes - Analyzing associations between maternal oral health indicators and birth outcomes in Hawaii (PRAMS 2019–2023).

She is also awaiting access to the state's Maternal Mortality Review dataset to begin analysis. These analyses will support the development of future reporting products and help guide evidence-based program planning for the 2026–2030 cycle.

New Epi Position. FHSD recently received a new 1.0 FTE position via the FY27 Biennium Budget Request process to establish a second Division-level epidemiology position. This new entry-level epidemiologist positions will be responsible for: 1) developing and maintaining an inventory of all surveillance data and other health data collected and used by the division, 2) facilitating data linkages of birth certificate data with Medicaid, hospital discharge, WIC and other relevant data sets by reducing barriers to linkage, and 3) assessing the quality of data collection, surveys, evaluations, analyses, and dissemination throughout the division. Funding for this position will be provided through both federal WIC services funding and the Title V grant.

PRAMS updates. Hawaii has maintained the Pregnancy Risk Assessment Monitoring System (PRAMS) survey since 2000. In 2021, Hawaii began contracting with Rutgers University to conduct PRAMS operations using state funds. Rutgers is certified by the CDC to administer PRAMS for states, with responsibilities that include survey preparation and mailing, data collection, data entry, and double verification of entries.

However, changes in Rutgers' operational capacity resulted in the contract ending on April 30, 2026. and Hawaii temporarily paused PRAMS data collection. A new contract with the University of Alabama-Birmingham School of Public Health is currently being executed, and PRAMS data collection is expected to resume later this year.

III.C.1.b. Findings

III.C.1.b.i. MCH Population Health and Wellbeing (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Hawaii Priority Needs

In 2025, Hawaii completed the required five-year needs assessment and selected the following priorities for the 2026-2030 project period in the table below.

Population Domain	Topic	2026-2030 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
Perinatal/Infant Health	Safe Sleep	Increase the prevalence of safe infant sleep practices by partnering with communities to promote relevant education and resources
Child Health	Developmental Screening	Increase the percentage of children ages 0–5 years who receive timely and continuous developmental screening
	Food Sufficiency	Ensure food sufficiency for infants and young children by strengthening access to WIC nutrition services and supports
Adolescent Health	Bullying Prevention	Reduce the percentage of adolescents who experience or engage in bullying
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

MCH Population Health and Well-Being Annual Update

Overview of Domain Summary Content: Data and information are presented by the five MCH Population Domains and include:

- A demographic overview
- A summary of Domain Federally Available Data (FAD) data in a Report Card table
- Key Needs Assessment Findings highlighting major patterns and priority needs for each domain

Federally Available Data (FAD): The Title V FAD continues to serve as the primary data source for ongoing needs assessment and surveillance of MCH population health. The dataset is extensive, containing 88 distinct measures across 79 topics, spanning the five MCH population domains.

FHSD's research statistician conducted a comprehensive review of the full dataset and prepared a summary narrative of trends, national comparisons, and disparities. The complete narrative can be found in the Supporting Documents.

FAD Data Limitations: Overall, the most recent FAD indicates that the state's MCH population health is generally comparable to or better than the national averages across many indicators. However, significant disparities persist and concerning trends appear within each population domain, suggesting worsening health in several key areas. These domain-specific findings are summarized in this section. This is a formative effort to present a high-level overview of the extensive dataset.

Despite the positive assessment, there are important limitations when relying solely on the FAD and its source data to understand MCH health in Hawaii. National surveys and the FAD often combine several racial and ethnic groups—specifically Asian and Native Hawaiian with Pacific Islander—into broad categories. In Hawaii, these groups must be disaggregated to accurately describe the population and identify critical health disparities.

State-level data consistently show racial and ethnic disparities. Overall, White, Japanese, and Chinese populations experience more favorable health outcomes, while Filipino, Native Hawaiian, or Other Pacific Islander and multiple-race groups fare worse across many indicators. These latter groups also experience greater socioeconomic disadvantages, reflecting structural discrimination and a need for greater investment and effort to improve health outcomes.

The prolonged shortage of epidemiology staffing limited the ability to conduct supplemental data analysis that could have strengthened

or contextualized the FAD findings.

How the FAD is Summarized: To summarize key insights across the 88 FAD measures, FHSD developed a simple Domain Health Report Card. This table provides a concise snapshot of the health status for each domain by identifying:

- Comparison to national estimates
- Positive trends
- Presence of disparities.
- Comparison to Healthy People 2030 national objectives
- Negative trends

Summary findings for each domain also note whether Hawaii ranks among the top five or bottom five states reporting on FAD measures.

Report Card Table: Each Domain Health Report Card table lists the FAD measures relevant to that domain, including:

- National Performance Measures (NPM)
- Standardized Measures (SM)
- National Outcome Measures (NOM)

Some state discretion was used since NOMs are not aligned to population domains; only NPMs are structured that way in the grant guidance.

The Report Card table columns are arranged accordingly:

Met or Exceed National: An X in this column indicates Hawaii's estimate is statistically comparable to or better than the national estimate.

Positive Trend: An X indicates that the measure shows a statistically significant positive trend in the desired direction.

Disparity**:** An X indicates at least one statistically significant disparity exists within the FAD that may be obscured in state-level data.

HP 2030: An X indicates Hawaii met or exceeded the HP 2030 national objective (for those measures with a national objective).

Negative Trend: An X indicates a statistically significant negative decline in the wrong direction or that the Hawaii data are significantly worse than national estimates.

Additional Data Limitations. Several measures may not show disparities in the FAD because of small numbers or limited survey sample sizes, not because disparities are absent. This is especially true for measures using data from the National Survey on Children's Health (NSCH). The state's small sample size requires multiyear aggregation to produce stable estimates. For measures that examine a narrow subset of data (e.g., ages 1-3 years for developmental screening), even aggregated data estimates remain unstable, and states are advised to use the data with caution.

In addition, some newer measures may lack sufficient historical data to determine trends. In other cases, survey questions may have been recently revised, preventing trend analysis. This does not imply a trend is absent; rather, it reflects limitations in the available data.

Maternal and Women's Health Domain Summary

Demographics: Females represent 49.9% of the population, including an estimated 264,331 women of reproductive age (WRA), defined as ages 15-44. In 2024, there were 14,964 births, the second-lowest annual total in the past 24 years. The crude birth rate was 10.3 births per 1,000 persons, lower than the national rate, and has continued to decline, particularly since 2008.

Birth rates vary substantially by race. Significantly higher rates are observed among:

- Other Pacific Islanders (24.3)
- Other Asian (18.4)
- American Indian/Alaska Native (16.0)
- Black/African American (15.8)
- Native Hawaiian (13.5)
- Chinese (11.5)

Birth rates are significantly lower for the following racial groups:

- Japanese (5.3)
- Other Races (2.0)

The fertility rate remained stable in 2024 at 56.2 births per 1,000 women ages 15-44 years. Across counties, Hawaii County had the highest rate at 60.1 per 1,000, while Maui County had the lowest rate at 52.1 per 1,000.

The declining number of births contributes to the state's ongoing population decrease. Hawaii is one of only five states experiencing overall population decline. The state's high cost of living is frequently cited as a major driver of outmigration, particularly among young adults and families.

According to the 2024 American Community Survey (ACS), the overall population includes proportionately higher shares of individuals identifying as Asian (36.3%); Native Hawaiian and Other Pacific Islander (9.5%); and Two or More Races (28.3%), compared to the nation. Conversely, lower percentages identify as White (21.9%); Black (1.7%); and Hispanic/Latino (10.2%). Among women ages 18-44, racial/ethnic identification in Hawaii includes Native Hawaiian (23.9%); White (21.0%); Filipino (19.2%); Japanese (7.1%); Other Pacific Islander (7.3%); Chinese (6.9%); Other Asian (8.2%), Black (2.4%); and American Indian/Alaska Native (2.4%).

The median family income for households with children in Hawaii is $109,896, higher than the national median of $101,167. Based on the 2024 ACS, 10.0% of the total population and 10.6% of women live below the Federal Poverty Level (FPL), both lower than the national average of 12.1%. However, these measures may not fully reflect the state's high cost of living. Most women in Hawaii have health insurance coverage (97.1%). In 2020, among WRA, 78.8% of had private insurance, 9.5% had Medicare, and 11.7% had Medicaid.

FAD Findings: Of the 14 Women/Maternal measures, the analysis shows:

- National Comparison – All measures (14) met or exceeded national estimates.
- Positive trends – No measure showed a positive trend using state-level data.
- Disparities – Most (11) showed significant disparities exist.
- Healthy People 2030 (HP 2030) – Two measures met the HP 2030 national objective.
- Negative trends – One measure demonstrated a statistically significant negative trend.
- Top ranking – One measure ranked among the top five states.
- Bottom ranking – No measure ranked among the bottom five states.

Women Maternal Health Status Report Card					
Indicators	(+, =) National	(+) Trend	Disparity	HP 2030	(−) Trend
Binge drinking during pregnancy (DDP-B)	X				
Well-Woman Visit (WWV)	X				
Postpartum Mental Health Screening (MHS)	X				
Low-Risk Cesarean Deliveries (LRC)	X		X	X	
Smoking - Pregnancy (SMK-Pregnancy)	X		X	X	
Drinking During Pregnancy - Any (DDP-A)	X		X		
Postpartum Anxiety (PPA)	X		X		
Preventive Dental Visit - Pregnancy (PDV-Pregnancy)	X		X		
Severe Maternal Mortality (SMM)	X		X		
Maternal Mortality (MM)	X		X		
Postpartum Visit (PPV-A)	X		X		
Postpartum Visit (PPV-B)	X		X		
Postpartum Contraceptive Use (CU)	X		X		
Women's Health Status (WHS)	X		X		X

Measure Ranking: The only measure ranked within the top five for positive performance among states was 'Well-Women Visits,' which placed fourth nationally.

Final Needs Assessment Domain Findings: The 2025 needs assessment for Women and Maternal Health identified nine key priority needs, which aligned into five overarching themes.

Overarching Themes	Priority Needs
Comprehensive Postpartum Care	• Comprehensive Postpartum Services • Postpartum Mental Health Screening
Access to Care	• Access to Comprehensive Reproductive Health Care Access to Mental Health Supports • Access to Comprehensive Care
Specialized Care	• Specialized Care for Substance Use During Pregnancy • Family/Partner Violence and Neglect
Resources	• Education for Women and Families
Social Support	• Partner, Peer, and Community Supports

Perinatal and Infant Health Domain

Demographics: In 2024, there were 14,964 births, the second-lowest annual total in the past 24 years. The crude birth rate in Hawaii was 10.3 births per 1,000 persons, lower than the national rate and continuing a long-term decline that has been more pronounced since 2008.

Birth rates are significantly higher than the rate for White residents (10.2) among:

- Other Pacific Islanders (24.3)
- Other Asian (18.4)
- American Indian/Alaska Native (16.0)
- Black/African American (15.8)
- Native Hawaiian (13.5)
- Chinese (11.5)

Birth rates are significantly lower among:

- Japanese (5.3)
- Other Races (2.0)

The fertility rate remained stable in 2024 at 56.2 births per 1,000 women ages 15-44 years. In 2024, Hawaii County had the highest rate at 60.1 per 1,000, while Maui County had the lowest rate at 52.1 per 1,000.

Most young children under 6 years old in Hawaii have health insurance coverage (97.6%). In 2024, 11.2% of children under 5 years old lived in households below the FPL, lower than the national rate (16.5%). However, these measures may not account for the state's substantially higher cost of living.

Heath Status: Overall, the perinatal and infant population perform well on most indicators, when compared with nation estimates and long-term trends over time.

FAD Findings: Of the 21 Perinatal FAD measures, the analysis shows:

- National Comparison – Most measures (16) met or exceeded national estimates.
- Positive trends – No measure showed statistically significant positive trends using state-level data.
- Disparities – Roughly half (11) showed significant disparities.
- HP 2030 – Four measures met the HP 2030 national objective.
- Negative trends – Six measures demonstrated statistically significant negative trends.
- Top ranking – Two measures ranked among the top five states.
- Bottom ranking – One measure ranked the worst among all states.

Perinatal Infant Health Status Report Card					
Indicators	(+, =) National	(+) Trend	Disparity	HP 2030	(–) Trend
Infant Mortality (IM)	X			X	
Neonatal Abstinence Syndrome (NAS)	X				
Teen Births (TB)	X			X	
Postneonatal Mortality (IM-Postneonatal)	X		X	X	
Breastfeeding - Initiation (BF-A)	X		X		
Breastfeeding - Exclusively (BF-B)	X				
Preterm-Related Mortality (IM-Preterm-Related)	X				
Safe Sleep - Back Sleep Position (SS-A)	X				
Sudden Unexpected Infant Death (SUID) Live Births	X				
Housing Instability Pregnancy (HI-Pregnancy)	X		X		
Postpartum Anxiety (PPA)	X		X		
Preterm Births (<37 Weeks) (PTB)	X		X		
Stillbirth (SB)	X		X		
Neonatal Mortality (IM-Neonatal)	X			X	X
Perinatal Mortality (PNM)	X				X
Safe Sleep – Room Sharing (SS-D)	X		X		X
Early Prenatal Care (PNC)			X		X
Low Birth Weight (LBW)			X		X
Perinatal Care Discrimination (PCD)					X
Safe Sleep - No Soft Bedding (SS-C)			X		
Safe Sleep - Separate Approved Sleep Surface (SS-B)			X		

Measure Ranking. Hawaii ranked within the top five on two Perinatal measures:

- Neonatal Abstinence Syndrome (3rd)
- Smoking during Pregnancy (3rd)

However, Hawaii ranked the worst among all 50 states in Early Prenatal Care.

Final Needs Assessment Domain Findings: The 2025 needs assessment for Perinatal Health identified eight key priority needs, which

aligned into four overarching themes:

Overarching Themes	Priority Needs
Access to Care	• Risk-Appropriate Perinatal Care • Developmental Screening • Comprehensive Healthcare
Healthy Home Environments	• Safe Sleep Environment • Family Violence and Neglect
Resources	• Breast Feeding Support, Nutrition, and Diet • Education about Infant Health
Social Support	• Partner, Peer, and Community Supports

Child Health Domain

Demographics: In 2024, children under age 18 accounted for 20.3% of the population, slightly lower than the national estimate of 21.4%. This percentage has declined gradually over the past decade. In 2020-2024, 36.0% of families had children under age 18, compared with 36.4% in 2017-2021.

National surveys often do not fully reflect the varied racial and ethnic makeup of the state since Native Hawaiian and Other Pacific Islander populations are frequently combined into a single category. Despite these limitations, notable differences remain. Compared with the nation as a whole, children in Hawaii are more likely to identify as:

- Two or More Race Groups (48.0% vs 19.6%)
- Asian (21.9% vs. 5.3%)
- Native Hawaiian and Other Pacific Islander (11.3% vs. 0.2%)

Children in Hawaii are less likely to identify as:

- White (15.0% vs. 51.4%)
- Hispanic (18.2% vs. 26.9%)
- Black (1.4% vs. 13.1%)
- American Indian/Alaska Native (0.3% vs. 1.1%).

Emerging demographic shifts are also evident. Compared with adults in Hawaii, children are more likely to identify as Two or More Race Groups (48.0% vs. 23.3%) or Hispanic or Latino (18.2% vs. 8.2%), and less likely to identify as Asian (21.9% vs 39.9%) or White (15.0% vs 23.7%).

The median family income for households with children in Hawaii is $109,896, which exceeds the national median of $101,167. However, in 2024, 38% of children in Hawaii lived in households experiencing a high housing cost burden, compared to 31% of children nationally. Although fewer children in Hawaii lived in households below the FPL compared to the nation (11.5% vs. 15.4%), the state's high cost of living may not be fully captured in this measure. As a result, families with incomes above the poverty threshold may still struggle to meet basic needs and may not qualify for public assistance programs.

Hawaii participates in the ALICE (Asset Limited, Income Constrained, Employed) initiative to better assess financial hardship. In 2024, 29% of households fell below the ALICE threshold. Within these financially constrained households, women were disproportionately represented, comprising 48% of the ALICE population compared to 33% for men.

Most children in Hawaii have health insurance coverage (96.9%). Among insured children, 69.8% are covered by private insurance

only, 22.6% by public insurance only, and 2.8% by a combination of public and private coverage.

Health Status: Overall, the state's child population performs favorably on most health indicators compared with national estimates and state trends over time. However, significant disparities persist across many measures.

FAD Findings: Among the 28 Child measures the analysis shows:

- National Comparison – Most measures (26) met or exceeded national estimates.
- Positive trends – One measure showed statistically significant positive trends based on state-level data.
- Disparities – Most measures (20) showed significant disparities exist.
- HP 2030 – Five measures met the HP 2030 national objective.
- Negative trends - Four measures demonstrated statistically significant negative trends.
- Top ranking – Eight measures ranked among the top five states.
- Bottom ranking – Two measures ranked among the bottom five states.

Child Health Status Report Card					
Indicators	(+, =) National	(+) Trend	Disparity	HP 2030	(–) Trend
Flourishing - Young Child (FL-YC)	X			X	
Medical Home - Referrals (MH_REF)	X			X	
Child Mortality (CM)	X			X	X
Injury Hospitalization - Child (IH-Child)	X				
Smoking - Household (SMK-Household)	X				
School Readiness (SR)	X				
MMR Vaccination (VAX-MMR)	X				
Developmental Screening (DS)	X				X
Preventive Dental Visit - Child (PDV-Child)	X	X	X		
Tooth Decay/Cavities (TDC)	X		X	X	
Flu Vaccination (VAX-Flu)	X		X	X	
Medical Home - Care Coordination (MH_CC)	X		X	X	
Uninsured (UI)	X		X		X
Adequate Insurance (AI)	X		X		
Flourishing - Child Adolescent (FL-CA)	X		X		
Forgone Health Care (FHC)	X		X		
Medical Home – Family-Centered Care (MH_FCC)	X		X		
Obesity - Ages 2 thru 4 years (OBS)	X		X		
Adverse Childhood Experiences (ACE)	X		X		
Behavioral/Conduct Disorders (BCD)	X		X		
Child Health Status (CHS)	X		X		
Childhood Vaccination (VAX-Child)	X		X		
Housing Instability - Child (HI-Child)	X		X		
Medical Home (MH)	X		X		
Obesity - Ages 6 thru 17 years (OBS)	X		X		
Physical Activity - Child (PA-Child)	X		X		
Food Sufficiency (FS)			X	X	
Medical Home – Usual Source of Sick Care (MH_USOC)			X		X

Measure Ranking: Hawaii ranked within the top five for eight Child measures for:

1. Adequate Insurance (1st)
2. Behavioral/Conduct Disorders (3rd)
3. Child Mortality (3rd)
4. Foregone Health Care (4th)
5. Injury Hospitalization - Child (4th)

6. Medical Home - Family-Centered Care (4th)
7. Preventive Dental Visit - Child (4th)
8. Flourishing - Child Adolescent (5th)

However, Hawaii ranked within the bottom five among states for:

- Medical Home - Usual Source of Sick Care (47th)
- Physical Activity - Child (45th)

Final Needs Assessment Domain Findings: The 2025 needs assessment for Child Health identified 10 key priority needs, which aligned into five overarching themes:

Overarching Themes	Priority Needs
Access to Care	• Developmental Screening and Support • Comprehensive Care • Medical Home
Mental and Behavioral Health	• Mental Health Supports • Youth Substance Use
Healthy Living	• Nutrition and Healthy Food Options • Recreational Activities • Family Violence and Neglect
Resources	• Whole Family Education
Social Support	• Partner and Caregiver Supports

Adolescent Health Domain

Demographics: In 2024, about one-third of children under 18 years were adolescents ages 12-17 (34.0%). Youth ages 16-19 who are neither in school nor employed are classified as "disconnected youth." Between 2020-2024, the rate of disconnected youth was 8.0%.

During 2022-2023, most youth ages 14-17 years (91.0%) reported having at least one adult mentor in the community who provides advice or guidance. In addition, between 2020-2024, 80% of youth and young adults ages 14-24 years had access to both a computer and high-speed internet in their home.

Refer to Child Health domain above for race/ethnicity and income information on the state's population under age 18.

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

FAD Findings: Of the 14 Adolescent measures, the analysis shows:

- National Comparison – All measures (14) met or exceeded national estimates.
- Positive trends – Three measure showed positive trends using state-level data.
- Disparities – A majority of measures (9) showed significant disparities exist.
- HP 2030 – Five measures met the HP 2030 national objective.
- Negative trends – Four measures demonstrated statistically significant negative trends.
- Top ranking – Five measures were ranked in the top five.
- Bottom ranking – One measure ranked in the bottom five.

Adolescent Health Status Report Card					
Indicators	(+, =) National	(+) Trend	Disparity	HP 2030	(−) Trend
Adolescent Firearm Death (AM-Firearm)	X			X	
Adolescent Motor Vehicle Death (AM-Motor Vehicle)	X			X	X
Adolescent Suicide (AM-Suicide)	X			X	X
Adolescent Well-Visit (AWV)	X				
Adult Mentor (ADM)	X				
Bullying - Perpetration (BLY)	X				
HPV Vaccination (VAX-HPV)	X	X	X	X	X
Teen Births (TB)	X	X	X	X	
Tobacco Use (TU)	X	X	X		
Bullying - Victimization (BLY)	X		X		X
Adolescent Depression/Anxiety (ADA)	X		X		
Adolescent Mortality (AM)	X		X		
Injury Hospitalization - Adolescent (IH-Adolescent)	X		X		
Physical Activity - Adolescent (PA-Adolescent)	X		X		

Measure Ranking: The five measures Hawaii ranked within the top five among states were:

- Adolescent Depression/Anxiety (1st)
- Adolescent Firearm Death (1st)
- Bullying - Victimization (2nd)
- HPV Vaccination (3rd)
- Adolescent Motor Vehicle Death (5th)

The one measure Hawaii ranked within the bottom five for poor performance among states was:

- Adolescent Wellness Visits (47th)

Final Needs Assessment Domain Findings: Eleven key priority needs were identified in the 2025 needs assessment for Adolescent Health, which aligned into five overarching themes:

Overarching Themes	Priority Needs
Access to Care	• Comprehensive Healthcare • Medical Home • Gender-Affirming Care
Mental and Behavioral Health	• Mental Health Supports • Youth Substance Use • Bullying and Violence Prevention
Healthy Living	• Physical Activity and Recreation • Social Media and Technology
Resources	• Sexual Health Resources • Transition to Adulthood
Social Support	• Peer and Community Supports

Children and Youth with Special Health Care Needs Health Domain

Demographics: At 14.6%, CYSHCN in Hawaii represent a significantly smaller percentage of children and youth ages 0-17 years compared with the national estimate of 21.5% for 2023-2024. Based on the CYSHCN screening tool, the most common qualification criterion among Hawaii CYSHCN is use or need of prescription medication (9.1%). This is followed by treatment or counseling for emotional or developmental problems (7.3%); above-average use or need of medical, mental health, or educational services (7.0%); and use or need of specialized therapies, such as occupational, physical, or speech therapy (4.8%). Nearly half of Hawaii CYSHCN qualified based on a single screening criterion (49.0%), while 23.8% qualified based on four or five criteria.

The National Survey of Children's Health does not fully capture the state's multiethnic population, and sample sizes for CYSHCN are insufficient to disaggregate many sociodemographic characteristics. For 2023-2024, only the following racial/ethnic estimates are available for Hawaii CYSHCN:

- Other (38.0%)
- Hispanic (25.2%)
- White (17.9%)
- Asian (17.2%)

In 2023-2024, 11.7% of Hawaii CYSHCN lived in households below 100% of FPL. An additional 13.7% lived in households between 100-199% of FPL; 41.1% at 200-399% of FPL; and 33.5% at or above 400% FPL. During the same period, an estimated 73.1% of Hawaii CYSHCN had private insurance only; 20.3% had public insurance only; and 4.9% had both private and public insurance.

Health Status: 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.

FAD Findings: Of the 11 CYSHCN measures:

- National comparison – All measures (11) met or exceeded national estimates.
- Positive trends – One measure showed positive trends using state-level data.
- Disparities – More than half (7) showed significant disparities exist.
- HP 2030 – More than half (7) met the HP 2030 national objective.
- Negative trends – No measure demonstrated negative trends.
- Top Ranking – Hawaii ranked in the top five for two performance measures, achieving the highest national

ranking (#1) for one metric.

- Bottom ranking – No measure ranked among the bottom five.

CYSHCN Health Status Report Card					
Indicators	**(+, =) National**	**(+) Trend**	**Disparity**	**HP 2030**	**(−) Trend**
Medical Home - Personal Doctor (MH_PDOC)	X	X		X	
CSHCN Flourishing - Child Adolescent (F-CA)	X				
CYSHCN Bullying - Perpetration (BLY)	X				
CYSHCN Bullying - Victimization (BLY)	X				
Medical Home – Family-Centered Care (MH_FCC)	X			X	
CSHCN Systems of Care (SOC)	X		X		
Medical Home (MH)	X		X		
Medical Home - Referrals (MH_REF)	X		X		
CYSHCN Transition to Adult Health Care (TR)	X		X	X	
Medical Home - Usual Source of Sick Care (MH_USOC)	X		X	X	
Medical Home - Care Coordination (MH_CC)	X		X	X	

Measure Ranking: The two measures Hawaii ranked within the top five for positive performance among states were:

- Medical Home - Personal Doctor (1st)
- Medical Home - Family-Centered Care (4th)

Final Needs Assessment Domain Findings: Nine key priority needs were identified in the 2025 needs assessment for CYSHCN, which aligned into five overarching themes:

Overarching Themes	Priority Needs
Access to Care	• Comprehensive Healthcare • Medical Home • Eligible and Affordable Care
Mental and Behavioral Health	• Mental Health Supports • Inclusion and Bullying Prevention
Developmental Support	• Special Education Services
Resources	• Navigation Support • Transition to Adulthood
Social Support	• Peer and Community Supports

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

III.C.1.b.ii.a. Impact of Organizational Structure (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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

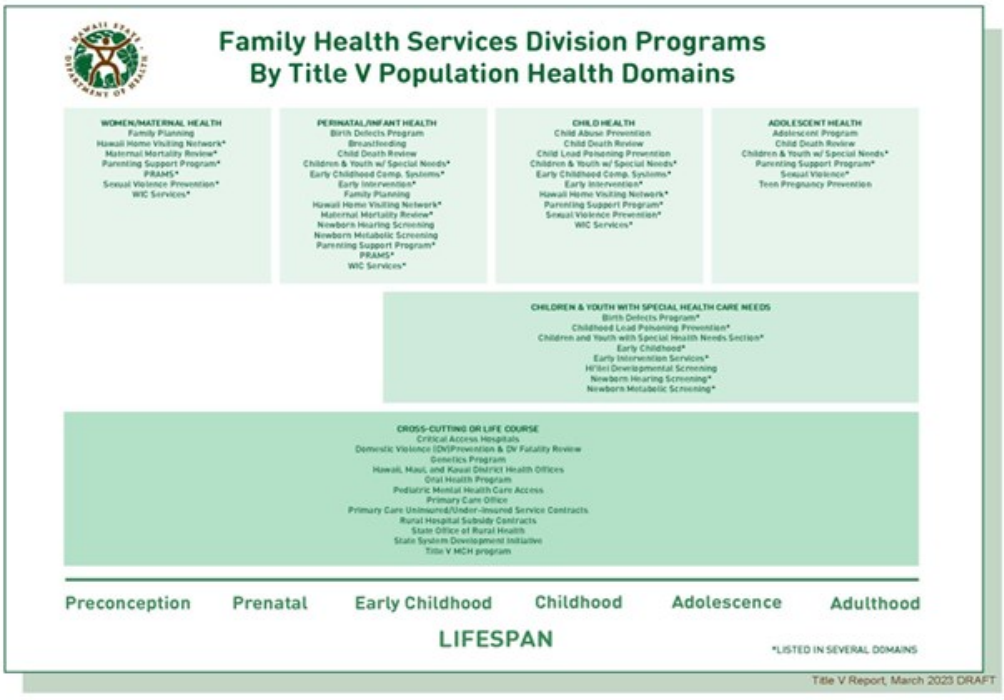
- WIC Services
- Breastfeeding Peer Counseling

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 Hi'ilei 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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

A skilled and heterogeneous 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 heterogeneous 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 varied
- 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%)
- 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)

- 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) (Last Modified: FY 2027 Application/FY 2025 Annual Report)

SSDI Grant Overview. The State Systems Development Initiative (SSDI) strengthens the state Maternal and Child Health (MCH) data capacity. The grant's purpose is reflected in four overarching goals:

- Strengthen states' capacity to collect, analyze, and use reliable data for the Title V MCH Block Grant programming
- Improve access to and linkage of key MCH datasets to inform programmatic and policy decisions, as well as to ensure and strengthen information exchange and data interoperability
- Enhance the integration and regular tracking of community-level health factors that inform Title V programming
- Build and improve capacity for timely MCH data collection, analysis, reporting, and visualization to support rapid program and policy action during public health emergencies, as well as emerging issues or threats

These four goals guide the Hawaii five-year SSDI workplan and all the objectives and activities during the project period.

Reporting Period. This narrative summarizes Year 4 progress of the project period, covering December 1, 2024 - November 30, 2025. Key focus areas include:

- Status of access to MCH datasets, as reflected in Form 12
- Completion of the 2025 Title V 5-Year Needs Assessment
- Data products and publications

Focus Area 1: Status of MCH Datasets

Workplan Goal 1 focuses on maintaining epidemiology and data capacity to analyze, interpret, and disseminate information that provides evidence-based support for Title V Block Grant program planning and policy.

Major activities for 2024–2025 included:

- Maintaining access and linkage to key MCH datasets used for the Title V Federal Available Dataset (FAD), with a focus on vital statistics, PRAMS, newborn screening, and WIC
- Conducting analyses of FAD data to support Title V reporting and priority setting for the 2026-2030 period

Form 12 Access to Data & Data Linkages. Form 12 documents the extent to which Hawaii is able to electronically access the eight key MCH datasets, whether the data access is routine and timely, as well as the extent of dataset linkage with birth records. These key datasets are essential for all aspects of Title V surveillance, needs assessment, planning, public education, and program evaluation activities. Although SSDI funds do not directly support routine dataset access, these activities are critical to:

- Generating summary data findings that are essential to grant reporting and the Needs Assessment narrative process
- Sustaining ongoing collection of key data and linkage
- Completing of the Title V-Medicaid agreement

Hawaii maintains overall consistent access to most of the required SSDI datasets. Electronic access is currently available for vital statistics, PRAMS, and newborn screening data, while Medicaid, hospital discharge data, and WIC continue to require individual data requests.

Vital Statistics: In 2017, state review and enforcement of a Hawaii Revised Statute related to existing data-sharing policies severely limited, and temporarily terminated, access to vital statistics data. In 2018, FHSD-DOH successfully collaborated with community partners to advocate for legislation to amend the statute restricting data-sharing. In March 2019, FHSD regained access to the electronic vital statistics dataset, through a newly established DOH Institutional Review Committee process. Access has remained stable since 2019.

PRAMS Data Disruptions: Hawaii began collecting statewide PRAMS data in 2000. Survey operations were temporarily suspended from 2017–2018, after changes to the state data-sharing statute blocked access to birth records required to draw the sample data. Data collection resumed in December 2018, but no data is available for 2017–2018, with only six months of 2019 data deemed usable. As a result, 2020 was the first full PRAMS data collection year since 2016.

On January 31, 2025, PRAMS data collection was temporarily halted again when the CDC instructed all states to remove Phase 9 survey questions to comply with the new federal administration's executive order restricting certain demographic data elements. Only minor edits were required to ensure compliance.

On April 1, 2025, the state was informed that most of the CDC's Division of Reproductive Health were eliminated—except for the Maternal and Infant Health Branch—as part of the federal administration's Department of Government Efficiency (DOGE) initiative. The immediate impacts included::

- Reduction-in-force (RIF) for CDC staff including the PRAMS program
- PRAMS data system (PIDS) was unable to enter or access PRAMS data due to these above program

changes
- The Hawaii CDC MCH Epidemiology Assignee received a RIF notice

On June 9, 2025, the CDC restored access to the PRAMS Questionnaire in PIDS for User Acceptance Testing (UAT). The Hawaii PRAMS state-funded contractor, Rutgers University, resumed data collection on June 23, 2025. In April 2026, Rutgers encountered operational challenges, which resulted in the contract ending on April 30, 2026. Hawaii has paused PRAMS operations, while crafting a new contract with the University of Alabama at Birmingham (UAB) School of Public Health, and is expected to resume operations later in 2026.

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

No data linkages are currently planned for the WIC data and birth records. However, WIC is presently collaborating with the Hawaii Supplemental Nutrition Assistance Program (SNAP) on a joint project to link client records, which will facilitate enrollment in both programs for individuals who are eligible for both WIC and SNAP.

A subset of the WIC dataset was analyzed via a contract with the University of Hawaii Center on the Family to publish client demographics and attrition patterns that typically rise after infancy. Additional details on this data can be found in the Other Data activities narrative and in the SPM on food insecurity.

Medicaid Data: In 2025, FHSD executed a new Memorandum of Agreement (MOA) with the State Medicaid program to comply with Title V requirements for an interagency agreement. The agreement formalizes each agency's roles, responsibilities, and collaborative efforts towards improving the health of mothers, children, and families. It also specifies processes regarding how FHSD is to request Medicaid data. Currently, Medicaid provides requested 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)
- Enrollment data (including numbers of children and pregnant women)
- Adult and Child Core Set Measures for Hawaii

Select Adult and Child Core Set Measures are federally reported quality assurance data that is regularly provided by the health plans. These measures closely align with Title V data relating to postpartum visits, developmental screening, child and adolescent wellness visits, and vaccinations for young children. The Medicaid MOA expires in 2030.

Hospital data: In 2021, FHSD received access to a new hospital data portal established between DOH and the 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 provides summary healthcare utilization reports with individual record-level data available for purchase. Title V has not accessed this Laulima data for some time, due to FHSD's limited epidemiological capacity.

Data Linkage: The Hawaii Title V program currently has access to four linked electronic datasets:
- Birth and infant death records
- Birth and newborn metabolic screening records

- Birth and newborn hearing screening records
- PRAMS data derived from birth records

Currently, 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 DOH Office of Health Status Monitoring (OHSM) 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 inadvertently contacting the families of deceased infants. Data linkage for newborn screening is conducted in the CSHN Branch by the Research Statistician.

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 the FHSD Research Statistician and then transferred to FHSD for Title V analysis and reporting.

Focus Area 2: Completion of Title V Needs Assessment

SSDI Grant Workplan. Goal 2 of the Hawaii SSDI grant five-year workplan focuses on ensuring there exists sufficient epidemiological and data capacity to support the Title V Block Grant programs and its related policy activities, particularly for the Title V MCH Block Grant five-year needs assessment.

The major activities associated with this goal during the 2024-2025 SSDI grant reporting period were largely completed. Key accomplishments included:

- Consultants were identified and contracted to complete the required five-year needs assessment
- The needs assessment plan was developed and implemented
- Title V data collection, analysis, and grant reporting were completed
- Seven new Hawaii Title V priorities were identified and selected for the 2026-2030 project period
- An initial five-year Title V action plan was developed and approved
- A comprehensive 300+page needs assessment report was submitted with the 2025 Title V report/application

Expanded Approach**.** The 2020 Hawaii needs assessment was completed just prior to the COVID pandemic, using a relatively limited scope of work that focused primarily on the Title V national health priorities. Following the COVID epidemic and the 2023 Maui wildfires, Hawaii significantly broadened its needs assessment scope of work:

- Examined all known direct and indirect factors that affected MCH health in Hawaii
- Significantly expanded community and family engagement
- Conducted several focus groups statewide to include voices from more marginalized communities
- Broadened community and partner collaboration in all phases of the needs assessment process
- Translated the community needs assessment survey into multiple languages
- Significantly increased Title V and MCH staff involvement in all aspects of the needs assessment process
- Created a public website to share progress and outcomes

Needs Assessment Consultants. The difficulty securing a local consultant was compounded by the fact that the Division's epidemiology positions remained vacant for nearly eight years, limiting internal analytic capacity to support the assessment. This challenge was further complicated by the limited capacity of faculty and staff with MCH expertise at the University of Hawaii public health program, resulting in no local lead with the expertise required available to conduct an assessment of this scope. With no qualified in-state options, Hawaii sought out-of-state MCH support.

HRSA MCHB data scientist, Dr. Keriann Uesugi, recommended the University of Alabama Birmingham School of Public Health Applied Evaluation and Assessment Collaborative.

University of Alabama Birmingham (UAB). Hawaii contracted with UAB in 2023 to help support the planning, management, and implementation of the Title V five-year needs assessment. As a nationally recognized MCH program and one of thirteen Centers of Excellence in MCH Education, Science, and Practice, UAB provided a skilled team of faculty and researchers who contributed expertise in community-engagement process planning, designing data-collection tools, managing and analyzing primary and secondary data, training focus-group facilitators, and completing the final 2025 needs-assessment report.

Hilopa'a Family to Family. A Hawaii-based needs assessment consultant, who also serves as the state's HRSA-funded Family-to-Family Information Center, was hired to provide local support and expertise for the project. This role was crucial for overall planning and project management; effective and timely engagement with families, communities, and partners; optimal facilitation of meetings; and support with reviewing and refining materials to ensure they resonated with Hawaii audiences.

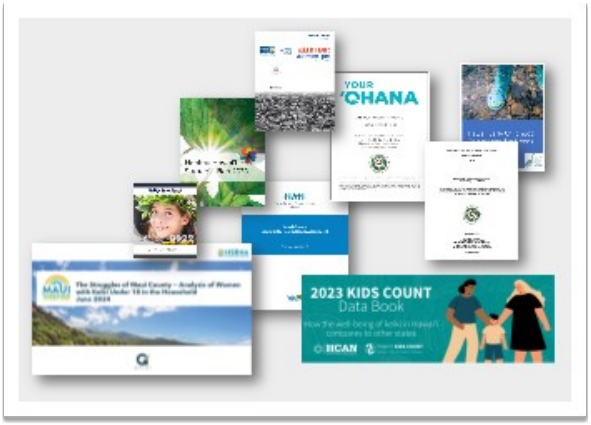
The 2025 needs assessment process included the following components:

- **Environmental Scan:** Review of existing assessments and plans to ensure alignment and prevent duplication
- **Existing Data Review:** Analysis of key surveillance systems, MCHG measures, demographic indicators, and Healthy People 2030 benchmarks
- **Community Data Collection:** Surveys and other tools to gather input from partners, agencies, families, and youth on needs and strategies
- **Capacity Assessment:** Evaluation of FHSD program and state workforce capacity, resources, and staffing data

Regular meetings were held throughout the 15-month process with the Title V program and the consultants. Additional meetings were held with key partners, the community, and program clients.

Phase 1: Secondary Data Review

Environmental Scan. To reduce the potential for overlap and burden of additional community surveying, the project team conducted an environmental scan that used available existing data sources and reports. This included integrating findings from a major August 2023 Maui Wildfire Needs Assessment. FHSD collaborated with the study researchers to extract key information specific to families with children, thus eliminating the need for additional and potentially repetitious data collection.



A statewide request for existing assessments yielded 91 documents. UAB systematically reviewed these materials for MCH-related insights and themes that informed and enhanced the broader needs assessment.

FAD. Title V FAD data was supplemented with analyses from the Hawaii Health Data Warehouse website to better identify health and social factors that differed across Hawaii-specific racial/ethnic groups and counties.

Phase 2: Primary Data Collection

Community Survey. Building on Phase 1 findings, FHSD and UAB launched an intensive statewide online MCH survey that was accessible from December 2024 to February 2025 and available in four languages. More than 200 agencies statewide helped with survey dissemination. In total, 1,053 surveys were completed, providing useful insights into priority issues across MCH domains. Findings were analyzed, both overall and by respondent role to support prioritization efforts.

Focus Groups. A total of 26 focus groups were conducted statewide, including 15 general MCH groups that included:

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

There were 11 CYSHCN focus groups held. In total, 171 individuals participated in these focus groups, including 43 CYSHCN caregivers.

Community partners were essential in recruiting participants, particularly from more underrepresented Native Hawaiian, Filipino, and Pacific Islander communities. FHSD partnered with identified community-based organizations—both established and newly identified—to help host and facilitate the sessions. Partners received training, facilitation toolkits, and compensation to ensure consistent implementation of process and data collection across all locations. All focus group participants were provided with refreshments and stipends.

CYSHCN sessions were facilitated by CSHN program leadership. The team also made a conscious effort to include families for whom English was not their primary language, providing on-site interpreter support to ensure full and meaningful participation.

Data Analysis. UAB analyzed all quantitative and qualitative data separately before synthesizing the findings to develop 70 specific needs topics that were organized by MCH population domain, and cross-cutting themes that spanned multiple domains. These were shared with partners and staff through a series of “PreView” meetings to gather preliminary input.

Prioritization. FHSD then led a two-week prioritization process that involved staff across the Division, including Neighbor Island teams. Priorities were selected that were based on:

- Evidence of need
- Alignment with community and state priorities

- Potential to improve outcomes across populations
- Relevance to FHSD's mission and capacity

The final priorities were linked to Title V performance measures.

Process Challenges. Although a formal evaluation of the needs assessment process has not yet been completed, ongoing evaluation was discussed throughout implementation. Several challenges and key insights emerged from these discussions.

Timeline and Delays. The scope of the assessment required substantial time and resources, and several unanticipated delays affected progress, particularly around the scheduling and implementation of community engagement activities.

- Community focus groups and efforts to build trusting relationships with new partners extended the timeline by several months.
- Translation of the community survey was delayed due to contractor staffing issues, and FHSD was unable to secure translation for promotional materials, limiting outreach to some populations. As a result, the survey launched during the peak holiday season, with a second launch in January to increase survey response time and allow more participation.

Additional Issues. The process was further delayed by several operational and structural challenges:

- UAB consultants' limited familiarity with the local culture and communities in Hawaii required shifting certain major responsibilities to the local project consultant, which has a relatively small business capacity.
- The effort needed to complete the full scope of work was underestimated, and adequate staffing to complete the deliverables could not be procured in advance.
- Maintaining consistent communication with partners, including timely website updates, proved difficult given limited resources and the relative size of the operation.
- FHSD's limited internal data capacity and lack of previous experience with projects of this scale created challenges in data collection and synthesis.
- The volume of data generated required significantly more time to review, interpret, and communicate between UAB and Hawaii than initially anticipated.
- Data reporting expectations and deliverables were not clearly planned, resulting in additional delays.

Data Synthesis & Dissemination. Despite the challenges of synthesizing a large volume of data, Hawaii worked closely with UAB to translate the findings from the initial 300-plus-page report into clear, user-friendly publications that were specifically designed to support MCH programs and inform stakeholders. This work also fulfilled the commitment to share results with the involved communities that contributed to the assessment. SSDI funds were used to contract additional consultants to assist with this effort. See the Needs Assessment Process narrative for progress made during the 2025–2026 reporting year.

Lessons for Next Five-Year Needs Assessment. Looking ahead to the next needs assessment cycle, several key lessons and recommendations have emerged:

1. Reduce the overall scope by conducting smaller, ongoing needs assessment activities during interim years.
2. Reassess the comprehensive scope to ensure better alignment with available resources and organizational capacity.
3. Strengthen partnerships to access other ongoing needs assessment efforts.
4. Improve timely data analysis processes and clearly define clear data products or reports for community

dissemination.

5. Enhance planning and project management to support more efficient implementation.
6. Continue routine evaluation of the assessment process, including feedback from stakeholders.
7. Explore alternative frameworks as an alternative to the current five population domains.
8. Research alternative approaches to needs assessment that could help reduce scope and workload.

Over the next year, FHSD intends to complete the Title V needs assessment reporting, continue rollout planning, re-engage partners, and use the feedback to better support future planning.

Focus Area 3: Data Products

Focus Area 3 highlights the data products developed during the reporting period and the ways in which SSDI resources supported analysis, reporting, and dissemination activities. These products reflect ongoing efforts to strengthen the state's capacity to generate timely, reliable information that supports Title V program planning, performance monitoring, and communication with partners. Publications, fact sheets, presentations, and data dashboards produced during this period demonstrate continued progress in translating MCH data into accessible tools that support improved decision-making across programs and stakeholder groups.

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, **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 factors that influence health outcomes. 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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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.

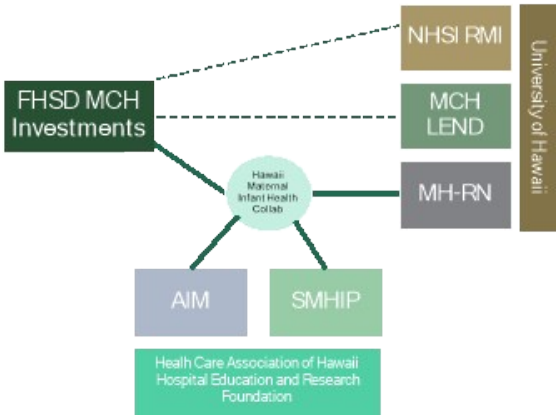
Emergency Medical Services for Children (EMSC). The EMSC grant is overseen by the Emergency Medical Services & Injury Prevention Systems Branch (EMSIPSB). This grant primarily supports advancements in Emergency Response, Provider Training, and the deployment of practical tools such as mobile applications 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.



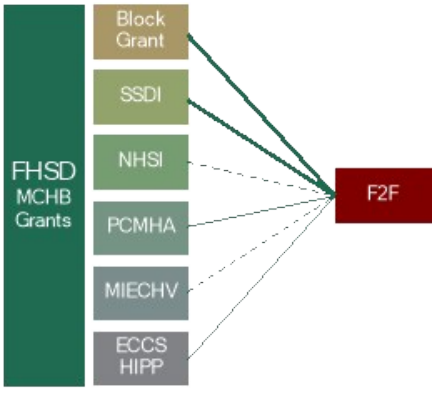
The MCH LEND has a long-standing relationship with FHSD. FHSD staff have pursued professional development opportunities as long-term trainees, which has expanded staff and program capacity.

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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

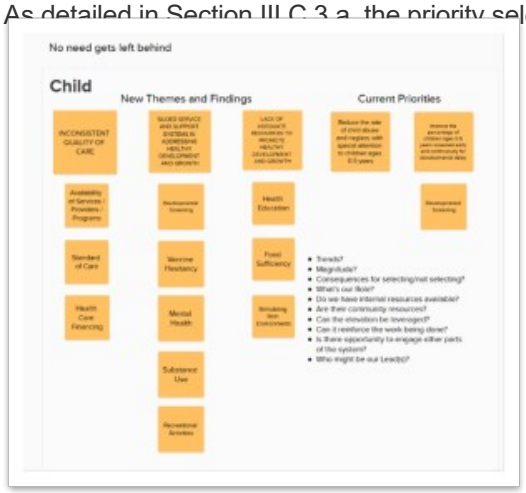
The prioritization process and the linking of selected needs to Title V performance measures (PMs) was conducted in collaboration with FHSD staff and facilitated by the Director of Hilopa'a Family to Family. A dedicated meeting was held for each MCH population domain, with broad participation from program 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

Population Domain	Topic	State Priority Need	Measure
			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 strengthening access to WIC nutrition services and supports, including outreach, enrollment assistance, and nutrition education for eligible families.	**NPM FS** Percent of children, ages 0 through 11, 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			CYSHCN		
	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

	2023		2024	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,138,833	$2,202,574	$2,195,700	$2,407,971
State Funds	$29,962,854	$28,087,784	$34,554,745	$32,683,668
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$18,474,919	$7,106,191	$18,334,030	$7,455,899
SubTotal	$50,576,606	$37,396,549	$55,084,475	$42,547,538
Other Federal Funds	$41,413,149	$42,533,302	$40,373,086	$43,594,408
Total	$91,989,755	$79,929,851	$95,457,561	$86,141,946

	2025		2026	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,249,007	$2,264,270	$2,152,257	
State Funds	$35,134,031	$39,169,275	$40,298,966	
Local Funds	$0	$0	$0	
Other Funds	$0	$0	$0	
Program Funds	$18,324,188	$9,010,827	$18,202,690	
SubTotal	$55,707,226	$50,444,372	$60,653,913	
Other Federal Funds	$47,195,259	$43,587,369	$45,604,060	
Total	$102,902,485	$94,031,741	$106,257,973	

	2027	
	Budgeted	Expended
Federal Allocation	$2,311,646	
State Funds	$45,601,469	
Local Funds	$0	
Other Funds	$0	
Program Funds	$17,965,804	
SubTotal	$65,878,919	
Other Federal Funds	$47,417,018	
Total	$113,295,937	

III.D.1. Expenditures

The State monitors Title V Maternal and Child Health (MCH) Block Grant expenditures through Datamart, the state's centralized accounting system. Datamart supports the tracking and reconciliation of federal and non-federal expenditures reported in the Title V application and annual report and provides the financial information used by fiscal and program staff to monitor expenditures and maintain accountability for MCH funds.

FY 2025 Expenditures Reported in the FY 2027 Application

The Hawaii State Department of Health (DOH), Family Health Services Division (FHSD), serves women, infants, children, families, and children with special health care needs (CSHCN) through statewide maternal and child health programs. In FY 2025, FHSD operated approximately 264.5 full-time equivalent positions across three branches and administered nearly 30 programs providing clinical, enabling, population-based, and public health systems services. FY 2025 expenditures reflect the Division's use of Title V and complementary funding sources to support services and infrastructure for maternal and child health populations in Hawaii.

Uniquely Positioned to Serve

The centralized public health structure in Hawaii positions DOH, through FHSD, to administer and support maternal and child health services statewide. This statewide responsibility is particularly important in Hawaii, where geographic isolation, interisland travel requirements, and uneven provider availability increase the complexity and cost of delivering equitable services across urban, rural, and neighbor island communities. FHSD addresses these needs through direct and enabling services, population-based initiatives, and public health systems and infrastructure that support improved health outcomes for MCH populations.

In FY 2025, FHSD administered maternal and child health services through three branches: the Maternal and Child Health Branch (MCHB), the Children with Special Health Needs Branch (CSHNB), and Women, Infants & Children (WIC) Services. Form 2 reports approximately $18.0 million in program income budgeted for FY 2025 and approximately $9.0 million in program income expenditures. These expenditures supported targeted MCH programs through four special funds:

- **Newborn Metabolic Screening Special Fund:** Financed through state reimbursements for newborn screening test kits.
- **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 Medicaid, TRICARE, and the Random Moments Survey.

Effective July 1, 2025, the Birth Defects Special Fund was repealed and funding for the Birth Defects Monitoring Program was replaced with state general funds, consistent with recommendations from a state audit report. Because this change occurred during the FY 2025 federal reporting period, FY 2025 expenditures reflect the transition in funding source for the final three months of the reporting period.

Form 2 also reports approximately $43.6 million in expenditures from other federal funds administered through

FHSD programs in FY 2025. Major expenditures included WIC Food and Nutrition Services ($31.8 million), the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program ($3.8 million), Early Intervention Part C ($2.1 million), and Rural Health ($207,662). These federal resources complemented Title V and supported statewide MCH services and infrastructure.

Clients Served

Form 5a reports the number of individuals receiving direct or enabling services supported by Federal Title V and state matching funds. In FY 2025, FHSD reported services to the following MCH populations:
Pregnant Women: 1,833
Infants Under Age 1: 1,211
Children Ages 1 Through 21: 15,428
Children with Special Health Care Needs: 8,998
Others: 26,364

Form 5b estimates the broader reach of FHSD programs using all funding sources combined. In FY 2025, these programs served an estimated 99% of pregnant women, 100% of infants under age 1, 25.5% of children ages 1 through 21, 41.4% of children with special health care needs, and 97.2% of others within the applicable statewide population estimates. These data demonstrate the reach of the MCH service system supported by Title V, state matching funds, and complementary funding sources.

Strategic Use and Allocation of Title V Funds

In FY 2025, Federal Title V funds primarily supported 22.5 full-time equivalent positions within FHSD, including clinical, programmatic, epidemiology, data, information systems, and program support personnel. These positions supported statewide MCH services, surveillance and data capacity, service coordination, program operations, and the infrastructure necessary to deliver and sustain services for Title V populations.

FHSD allocates personnel expenditures according to the population group or groups supported by each employee's documented work activities. Employees may contribute to one or more population categories based on the programs, services, systems, or infrastructure supported by their work. Accordingly, data, information systems, and program support functions are allocated to the population groups benefiting from the MCH services and systems those functions support.

Legislative Requirements Met

Hawaii monitors MCH Block Grant expenditures through Datamart and related fiscal and program review processes to support compliance with Title V expenditure requirements. Title V requires states to expend at least 30% of Federal Title V funds for preventive and primary care services for children and at least 30% for services for children with special health care needs, while limiting administrative costs to no more than 10%.

In FY 2025, Hawaʻi met or exceeded these statutory requirements. Of Federal Title V expenditures, $692,512, or 30.5%, supported preventive and primary care services for children; $1,303,827, or 57.5%, supported services for children with special health care needs; and $0, or 0.0%, was reported for Title V administrative costs.
The following table presents these statutory expenditure categories as reported in Form 2, including FY 2027 budgeted amounts for the application year and FY 2025 expended amounts for the annual report year. Significant FY 2025 expenditure variances are addressed separately below using the applicable FY 2025 budget-to-expenditure comparison.

Category	FY 2027 Budgeted		FY 2025 Expended	
Preventive and Primary Care for Children	$838,630	**36.2%**	$692,512	**30.5%**
Children with Special Health Care Needs	$1,157,572	**50%**	$1,303,827	**57.5%**
Title V Administrative Costs	$0	**0.0%**	$0	**0%**

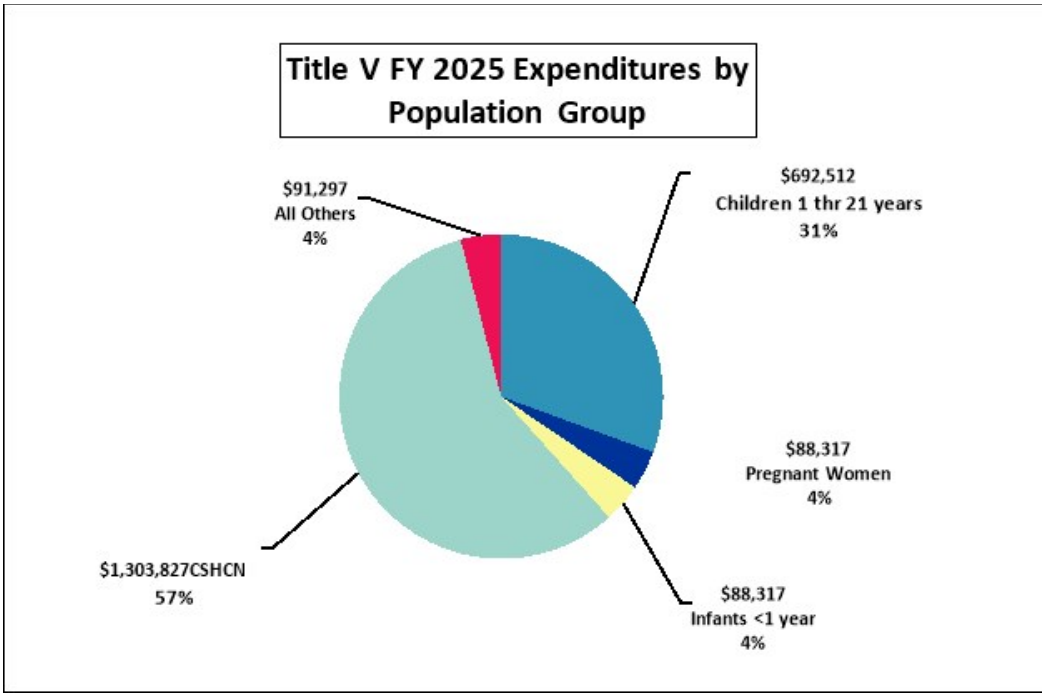
Maintaining Funding Levels

Section 505(a)(4) of Title V requires states to maintain non-federal MCH expenditures at or above the applicable fiscal year 1989 baseline amount. The state's required baseline is $11,910,549. In FY 2025, Hawaii reported approximately $48.2 million in state matching expenditures, exceeding the required baseline by approximately $36.3 million and demonstrating continued state financial support for maternal and child health services.

In addition to exceeding the required state maintenance-of-effort level, HDOH further supports the Title V program by approving FHSD's request to waive indirect cost recovery on Federal Title V funds. In FY 2025, the State's applicable indirect cost rate for other federal awards was 18.2%. By not charging indirect costs to the Title V award, FHSD preserved Federal Title V resources for MCH services, systems, and infrastructure that directly support the state's Title V populations.

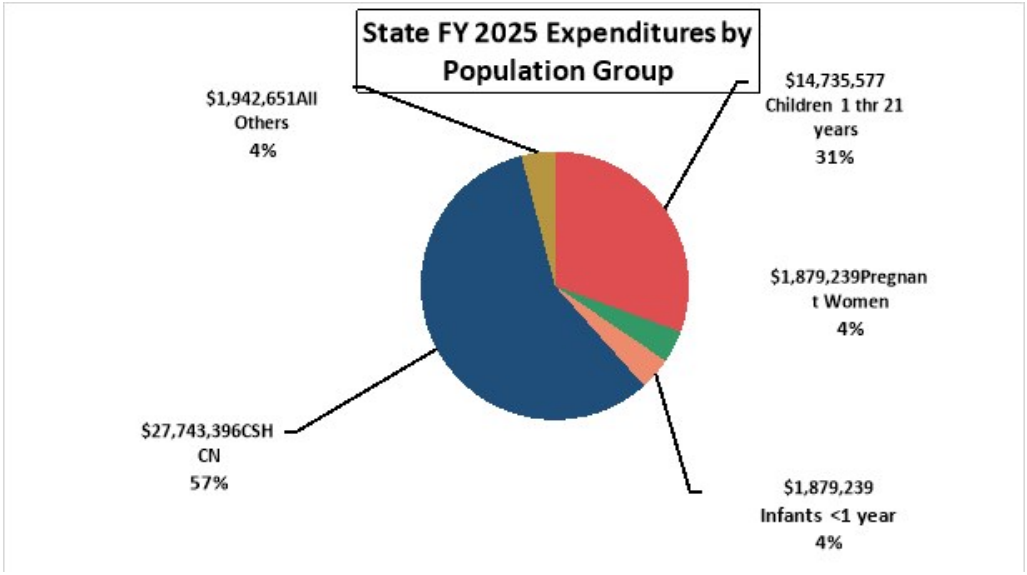
Federal Title V Expenditures by Population Group

Using FHSD's functional allocation methodology, FY 2025 Federal Title V expenditures were distributed among the population groups benefiting from Title V-funded personnel and related program activities. Of total Federal Title V expenditures of $2,264,270, $1,303,827, or 57.6%, supported children with special health care needs; $692,512, or 30.6%, supported children ages 1 through 21; $88,317, or 3.9%, supported pregnant women; $88,317, or 3.9%, supported infants under age 1; and $91,297, or 4.0%, supported other individuals served through MCH programs. The larger proportion allocated to children with special health care needs reflects the specialized services, coordination, and systems support required for this population.



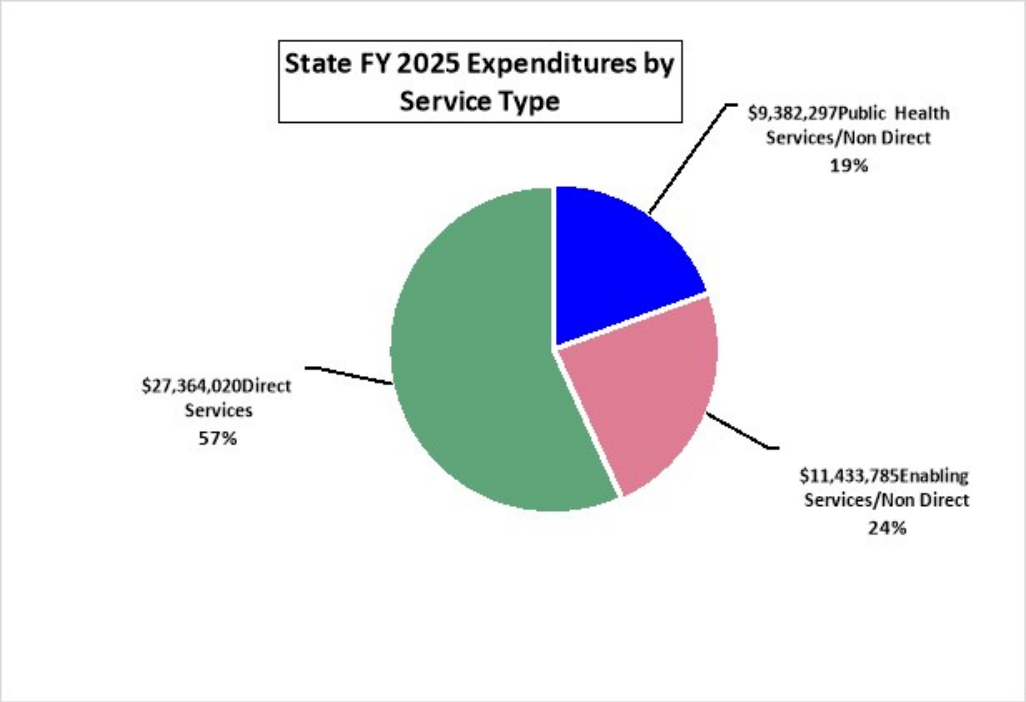
State Matching Funds Expenditures

Using the same population-benefit allocation methodology applied to Federal Title V expenditures, FY 2025 state matching expenditures of approximately $48.2 million were distributed among the Title V population groups supported by state-funded personnel, operating costs, and service delivery contracts. Of these expenditures, approximately 57.6% supported children with special health care needs; 30.6% supported children ages 1 through 21; 3.9% supported pregnant women; 3.9% supported infants under age 1; and 4.0% supported other individuals served through MCH programs.



Expenditures by Service Type

FY 2025 non-federal MCH expenditures totaled approximately $48.2 million. Of this amount, $27.4 million, or 56.8%, supported direct services; $11.4 million, or 23.7%, supported enabling services; and $9.4 million, or 19.5%, supported public health services and systems. This distribution reflects the state's substantial investment in direct service delivery while also supporting enabling and systems-level functions necessary to maintain statewide MCH services.



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 FY 2025 Expenditures

Federal Allocation. The FY 2025 Federal Allocation represents the amount awarded to Hawaii for that federal fiscal year, while FY 2025 expenditures represent allowable Title V costs recorded during the reporting period of October 1, 2024, through September 30, 2025. Because each Federal Title V award is available for expenditure over a 24-month budget period, reported annual expenditures may include costs charged to applicable prior-year and current-year awards. Accordingly, FY 2025 Federal Title V expenditures exceeded the FY 2025 Federal Allocation by $15,263.

Preventive and Primary Care for Children. FY 2025 expenditures were $146,213 below the FY 2025 budgeted amount. This variance was primarily attributable to position vacancies during the reporting period that had been included in the original FY 2025 budget projection.

Children with Special Health Care Needs. FY 2025 expenditures were $211,986 above the FY 2025 budgeted amount. This variance was primarily attributable to differences between salary assumptions used in the original FY 2025 budget projection and actual personnel expenditures allocated to children with special health care needs.

Additional comments regarding significant variations are provided in the TVIS notes for the applicable forms.

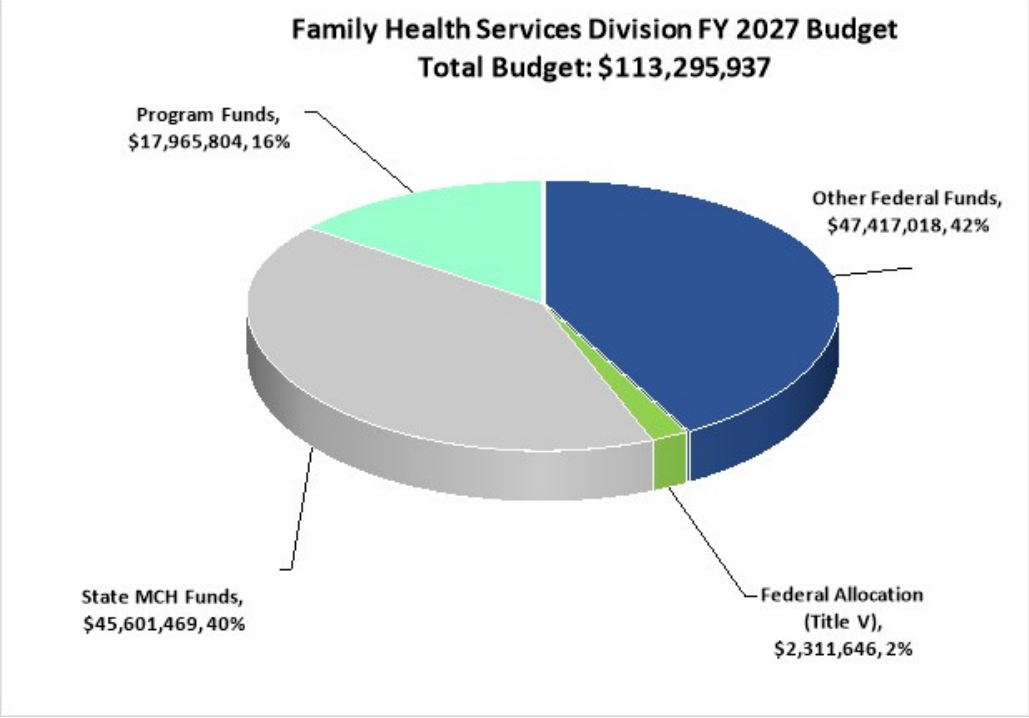
III.D.2. Budget

Budget (FY 2027 Narrative for the FY 2027 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) 2027, FHSD's total Maternal and Child Health (MCH) state budget is projected at approximately $113 million. Title V funding supports 22.5 FHSD positions out of a total of 240.5 Full-Time Equivalents (FTEs). This budget reflects a comprehensive assessment of MCH population needs and Title V program requirements and 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 2027 budget as reported on Form 2. The $113 million total includes $2,311,646 from Title V, a state match of $63.6 million (inclusive of $18 million in program income), and $47.4 million from other federal sources.

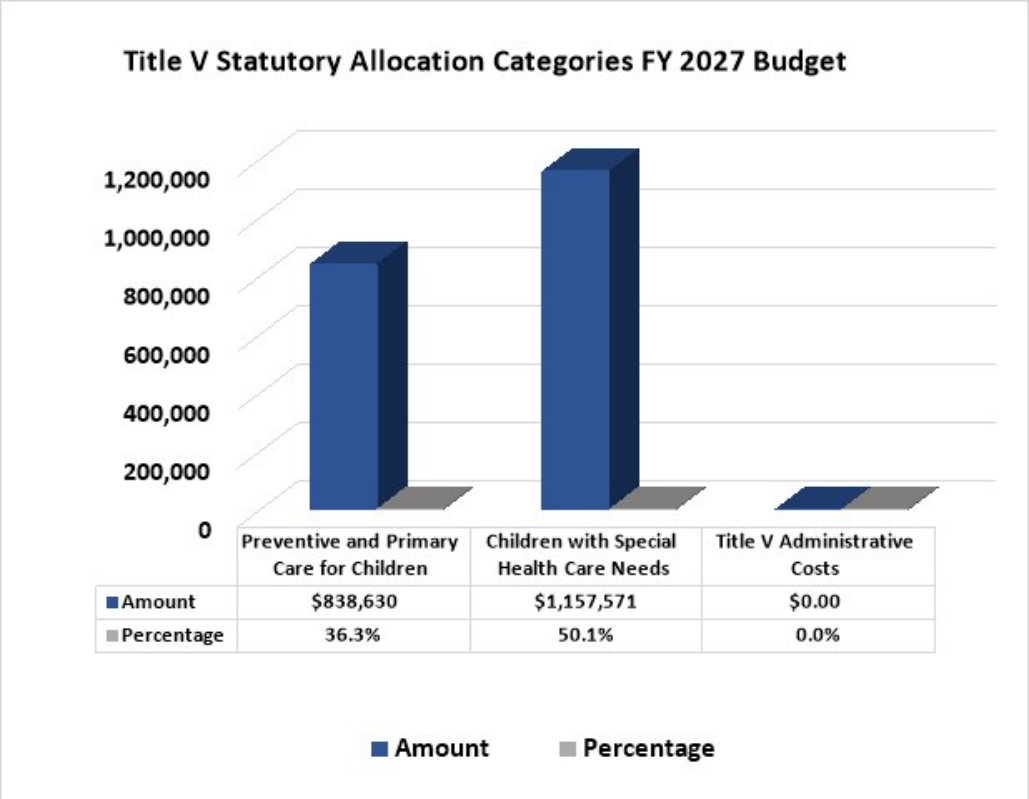


Legislative Requirements Met

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 annual state audit. In accordance with federal law,

Hawaii will provide a $3 non-federal match for every $4 in federal Title V funds expended [Section 503(a)] and continue its financial maintenance of effort based on FY 1989 levels [Section 505(a)(4)].

In addition, FHSD ensures compliance with requirements that allocate 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), and no more than 10% for administrative purposes. For FY 2027, Hawaii will allocate $838,630 (36.2%) for preventive and primary care services, $1,157,572 (50.1%) for CSHCN, and $0 (0%) for administrative costs, as outlined in Form 2, Lines 1.A, B, and C.



Federal Funds

The FY 2027 budget for other federal funds includes approximately 21 federal grants totaling $47.4 million, excluding Title V. The Title V allocation of $2.3 million represents approximately 4.7% of FHSD's federal funds and 2.0% of the overall FHSD budget.

FHSD anticipates a 3.9% increase—approximately $1.8 million—in other federal funding for FY 2027, primarily due to a modest increase in WIC funding. However, this increase does not eliminate broader uncertainty regarding the availability and continuity of federal support for essential public health services. To safeguard service continuity during potential federal funding disruptions, including a federal shutdown, the Hawaii Legislature approved state general funds beginning in SFY 2026 to support 16.00 WIC FTE positions. FHSD will continue to assess programs that may be vulnerable to federal funding reductions or interruptions and identify where state resources may be necessary to preserve essential services.

Federal funding remains vital to FHSD, comprising approximately 43.9% of its budget, particularly for staffing,

program operations, and public health infrastructure. However, rising personnel and operational costs, including collective bargaining-driven salary increases and fringe benefits, pose increasing fiscal challenges. In FY 2027, the indirect cost rate is 15.3%, and the fringe benefit rate is 59.54%, representing significant expenditures for grant-funded positions. To maximize resources, HDOH waives indirect costs for Title V, allowing a greater share of the award to support staff and essential operations.

Looking ahead to FY 2027, FHSD expects continued fiscal pressure from federal budget uncertainty, Hawaii's high operating costs, workforce constraints, and broader economic volatility. While final federal appropriations may differ from proposals affecting HHS funding and organization, these uncertainties continue to affect planning for essential MCH services and infrastructure.

Hawaii's local economic environment further reinforces the need for careful resource planning. The Department of Business, Economic Development & Tourism (DBEDT) projects modest real GDP growth of 1.8% in 2027, while the State Council on Revenues has noted continued uncertainty from federal policy changes and global geopolitical instability affecting energy and operating costs. For FHSD, these conditions may affect state revenues, operating costs, fuel, shipping, utilities, travel, and provider capacity. Hawaii's geographic isolation further increases program sensitivity to these cost pressures. These pressures are magnified across the neighbor islands, where limited provider availability, interisland travel, shipping costs, and smaller service networks increase the cost and complexity of maintaining equitable statewide MCH services.

Although the immediate emergency phase of the August 2023 Maui wildfires has passed, long-term recovery, housing, infrastructure, and climate-resilience needs continue to compete with other state priorities. At the same time, Hawaii's revenue outlook remains cautious, with modest projected growth following a decline in FY 2026 general fund tax revenues. These conditions underscore the importance of Title V as a flexible infrastructure funding source that allows FHSD to maintain core maternal and child health capacity, leverage state and federal resources, and support programs serving women, children, families, and children with special health care needs.

State Funds

For FY 2027, state MCH funds are projected at approximately $45.6 million and program income at approximately $18.0 million, for total state matching funds of $63.6 million, based on the State Fiscal Year 2026 legislative budget worksheets. While this reflects a continued state investment in core public health infrastructure, persistent recruitment and retention challenges—particularly in rural and underserved areas—continue to impact the delivery of essential services supported by state funds. The Family Health Services Division (FHSD) plans to submit a supplemental budget request for additional state resources aimed at increasing compensation and capacity for contracted providers, thereby strengthening workforce stability and service continuity.

These pressures are especially significant for FHSD's contracted provider network, where rising personnel, insurance, rent, supplies, transportation, and administrative costs can affect provider capacity, recruitment, retention, and service continuity.

These additional funds are critical not only to sustaining existing service levels, but also to addressing persistent gaps in access and equity, especially among high-need populations. Furthermore, state funding serves as a key source of match for federal Title V dollars, reinforcing the state's commitment to leveraging federal resources effectively and 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. A recent example of this leveraging strategy is FHSD's expansion of oral health infrastructure. Beginning in SFY 2026, the Hawaii Legislature supported a new oral health program with $500,000 in general funds and 2.00 FTE. FHSD is leveraging this state investment with resources from the Community Health Center Special Fund to build oral health capacity, strengthen prevention-oriented services, and address Hawaii's historically high rates of childhood tooth decay and persistent oral health disparities. This investment complements Title V's broader role in supporting MCH infrastructure, partnerships, surveillance, planning, and systems development.

The 22.5 Title V-funded positions are instrumental in securing and managing diverse funding sources, conducting surveillance, building strategic partnerships, and ensuring that services are family-centered, culturally competent, and community-based.

While the WIC program does not receive Title V funds, the Legislature approved state general funds beginning in SFY 2026 to support 16.00 WIC FTE positions. WIC also benefits 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 nutrition education and health access. WIC's reach supports integration with other Title V programs such as Home Visiting and Early Intervention and enhances MCH outcomes through screenings and wellness initiatives. Its broad client base is central to advancing health equity.

Given that HDOH is the sole public health agency in Hawaii, FHSD assumes comprehensive responsibility for statewide MCH planning, resource allocation, and systems coordination. Title V funding is crucial for the infrastructure positions that allow FHSD to align state, federal, special fund, and community resources around priority MCH needs.

Title V also supports key leadership positions, including the CSHN Branch Chief, a board-certified pediatrician who oversees Hawaii's Part C Early Intervention Services.

Program and Staff Support

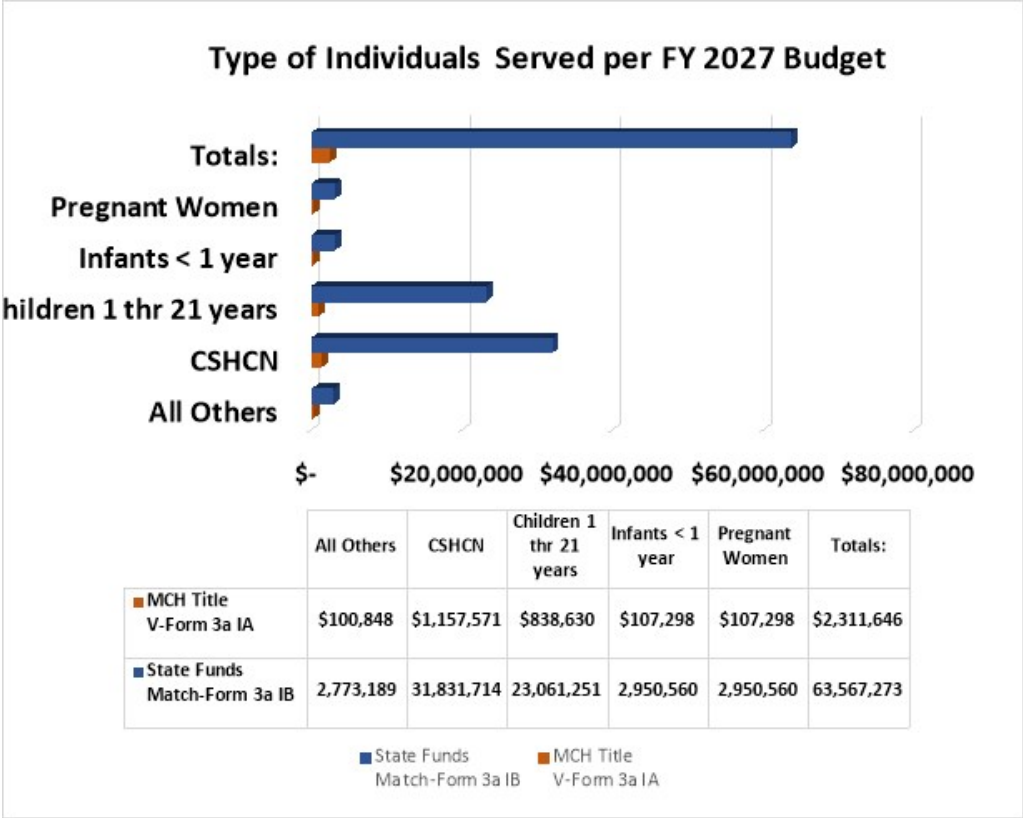
FHSD's approach to program and staff support reflects a diverse funding portfolio that aligns with key Title V priorities. Both state and federal sources are strategically deployed to address priority MCH issues:

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 Early Childhood Comprehensive Systems Reproductive Health Services (State)
Safe Sleep	PRAMS (CDC)	Title V – Data/Epi Support Early Childhood Comp Systems Child Death Review (State)
Developmental Screening	Early Childhood Coordinator	Title V – Data/Epi Support EIS (Part C/State) MIECHV Hi'ilei Developmental Screening (State)
Child Wellness Visits	Early Childhood Coordinator	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
Telehealth	Genetics	Title V – Data/Epi Support Rural Health
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 funding sources. Internal and external partnerships are essential for progress and are detailed throughout the application.

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

The FY 2027 application outlines both federal and non-federal budget allocations across five population health domains. The Title V federal allocation of approximately $2.3 million, combined with the $63.6 million state match, creates a Federal-State Title V Partnership totaling $65.9 million. These funds support over 150 annual contracts with community-based providers, including Federally Qualified Health Centers (FQHCs), hospitals, and non-profit organizations, ensuring service delivery across both urban and
rural communities.



	All Others	CSHCN	Children 1 thr 21 years	Infants < 1 year	Pregnant Women	Totals:
MCH Title V-Form 3a IA	$100,848	$1,157,571	$838,630	$107,298	$107,298	$2,311,646
State Funds Match-Form 3a IB	2,773,189	31,831,714	23,061,251	2,950,560	2,950,560	63,567,273

FHSD will continue efforts to ensure statewide infrastructure for needs assessment, surveillance, planning, evaluation, systems development, policy development, training, and technical assistance throughout the FY 2027 budget year. Across the Title V population domains, funding remains especially important as FHSD navigates federal funding uncertainty, rising personnel and provider costs, and the need to preserve core MCH services through state, federal, and community partnerships.

Significant Variations – Form 2 (Federal 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) (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Introduction. The following section of the 5-Year Action Plan provides a report for FY 2025 and application/plans for FY 2027 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 the last overlapping year for the two 5-year project periods, there may be report and plan narratives for both 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 Hawaii's 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 (old)	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 (new)	MCH Mental Health Services	New		X

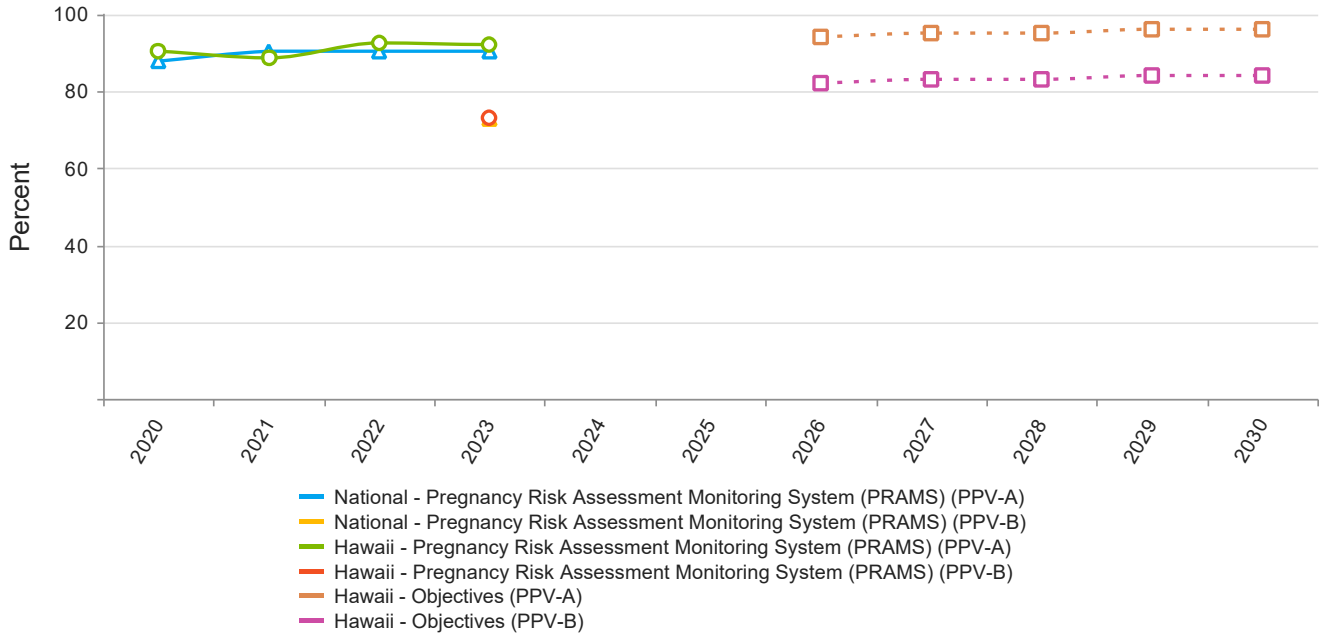
III.E.3 State Action Plan Narrative by Domain

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**	**2025**
Annual Objective			
Annual Indicator	92.4	92.0	92.0
Numerator	13,947	12,735	12,735
Denominator	15,098	13,843	13,843
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2022	2023	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**	**2025**
Annual Objective			
Annual Indicator	80.3	73.1	73.1
Numerator	11,089	9,221	9,221
Denominator	13,802	12,605	12,605
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2022	2023	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	2025
Annual Objective		
Annual Indicator	No	No
Numerator		
Denominator		
Data Source	The Women's Reproductive Health Section of MCH	The Women's Reproductive Health Section of MCH
Data Source Year	2024	2025
Provisional or Final ?	Final	Final

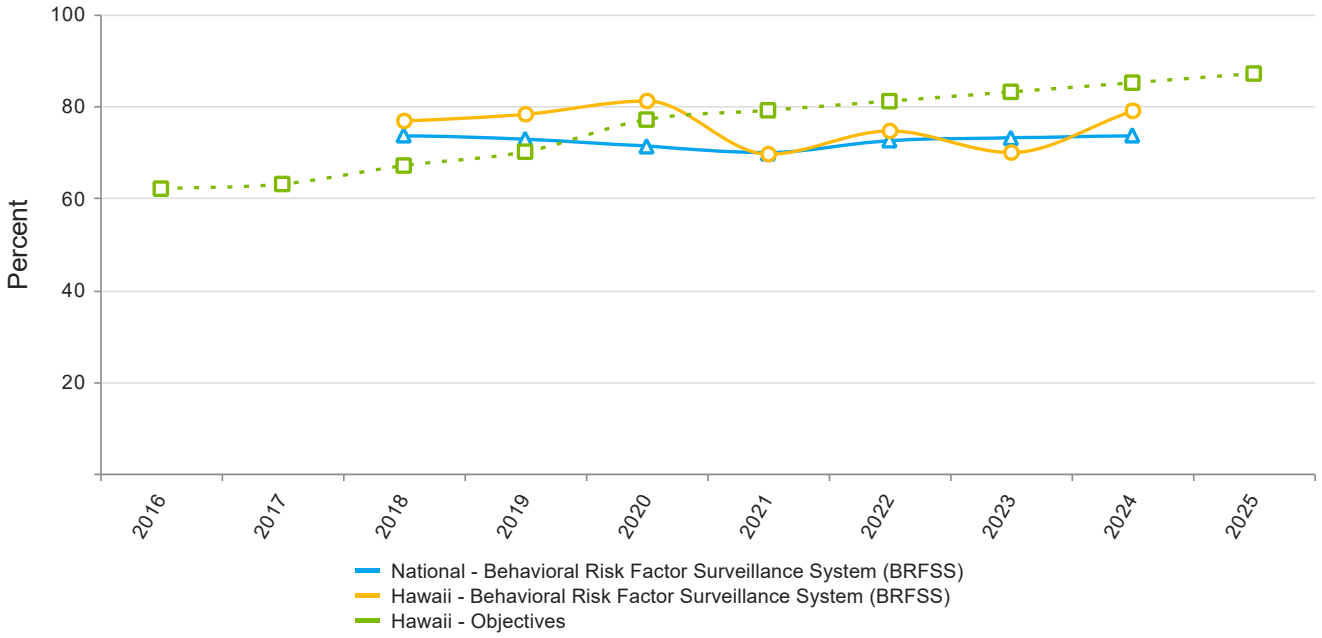
Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	Yes	Yes	Yes	Yes	Yes

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	79	81	83	85	87
Annual Indicator	81.1	69.5	74.6	69.8	79.0
Numerator	191,337	167,306	179,419	164,835	183,633
Denominator	235,933	240,808	240,472	236,206	232,447
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2020	2021	2022	2023	2024

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**	**2025**
Annual Objective				
Annual Indicator	3,681	2,698	9,775	9,457
Numerator				
Denominator				
Data Source	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program
Data Source Year	2022	2023	2024	2025
Provisional or Final ?	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 2025 indicator (2024 data) indicates that 79.0% of women in Hawaii have received a preventive medical visit in the past year, which did not meet the annual objective; however, it was significantly higher than to the national number of 73.6%. The increase from 2023 (69.8%) is statistically significant. The BRFSS preventive checkup survey measure was revised in 2018, so it is not comparable to previous survey findings prior to 2019. There were no significant differences identified among subgroups.

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 Family Planning Supervisor position is state funded and monitors all state reproductive health services contracts.
- Based on Maternal Mortality Review (MMR) findings, the state-funded MMR/CDR nurse position works on identified key women's preventive health initiatives.

Strategies/Evidence: The strategies for this priority include supporting the work of the Hawaii Maternal and Infant Health Collaborative (HMIHC), which has provided collective leadership for women's health and perinatal issues for the past 13 years. MCHB/Title V staff helped establish HMIHC and also serve as part of the HMIHC leadership team.

The Title V strategies are:

- Promote women's wellness visits through systems-building
- Promote preconception/interconception healthcare visits
- Provide reproductive health services for areas with limited access to and/or shortage of care, including rural communities

Research provided through AMCHP and the MCH Evidence Center indicates that key evidence-based practices in women's health focus on clinical, direct, and enabling service approaches. These practices are followed by MCH Branch reproductive health service contractors, who contribute data regularly to support the strategy measure for this priority. There is also expert opinion from the MCH Evidence Center that underscores the state's broad systems-level change strategies. For the past six years, Hawaii implemented a systemic evidence-based approach that promotes preconception and interconception care, as well as direct service provision for women's wellness visits via contractual services provided to the clients.

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 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, which then leads 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 systemic 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, and 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 measurable 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 administers the Hawaii Alliance for Innovation on Maternal Health (AIM) grant and also convenes the state Perinatal Quality Collaborative. HAH was also awarded HRSA's Maternal Health Innovation (MHI) grant in 2023. 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 in joint MCH efforts. 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 through the development of a state MH strategic plan.

MHI Grant/HMIHC Summit: HMIHC hosted an in-person, two-day maternal and infant health statewide summit in January 2025. The meeting was intended to:

- Build greater connections among those working in maternal and infant health
- Share updates on activities, research, practice, and policy, and provide information on the rollout of a new online hub designed to support HMIHC's broader community engagement and improve communication among workgroups and committees.
- Review and refine the draft MHI strategic plan

Over 109 individuals attended the summit. Revisions to the strategic plan were made, based on participants' input and feedback. Changes in MHI staffing have resulted in delays with MHI workplans and funding, but FHSD was able to provide funding for the summit and ongoing support for the strategic plan process. Additionally, support for HMIHC staffing and operations were provided with funding from FHSD, in partnership with the DOH CDC Preventive Health Service Block Grant.

Maternal Mortality Review (MMR): The MCH Branch initially established the 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 develop strategies to prevent future maternal deaths. MCHB applied for and received a CDC five-year MMR grant designed to further improve overall data quality, reporting, training, and prevention efforts around maternal morbidity and mortality.

The grant was used to implement recommendations from the MMR Committee to strengthen mobile reproductive health service contracts that serve rural and at-risk communities, as well as development of a statewide maternal media campaigns. Both approaches are supported by a growing body of evidence. It also funded statewide coordination of maternal mental health programs

and resources. Additionally, grant funds provided logistical support for ongoing state MMR meetings and support for MMR councilmembers' travel to the annual national CDC MMR Data Users Meeting.

MMR Findings: According to CDC data extracted from the Pregnancy Mortality Surveillance System (2021), Native Hawaiian and Pacific Islander women experience pregnancy-related deaths at a disproportionately high rate, indicating persistent ethnic disparities in maternal mortality. Moreover, combined data from the MMRIA system (Maternal Mortality Review Information Application-CDC) also indicates that mental health disorders and substance use are significant co-factors relating to maternal mortality in Hawaii.

Maternal Care Provider Survey: The FHSD Primary Care and Rural Health Units are partnering with the Hawaii State Rural Health Association (HSRHA) and HMIHC to conduct a survey of maternal health providers to generate desired data for the state's Maternity Care Target Areas (MCTAs) designation: Additionally, vital statistics and Medicaid data are being requested to help identify patterns and factors with pregnant women accessing birthing facilities. MCTA scores reflect areas experiencing a shortage of maternity healthcare professionals (note: the data only include OB/GYNs and certified nurse midwives, not family physicians). 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 provider status in the state.

Abortion Protections: In response to the 2022 federal Dobbs decision and the overturning of Roe v. Wade by the U.S. Supreme Court, Hawaii state policymakers promptly adopted state statutory protections for a woman's right to choose in 2023, 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 try to impose
- Providing legal protections for Hawaii healthcare providers who perform surgical abortions or dispense abortion medications to non-Hawaii residents
- Expanding abortion access by allowing qualified and supervised physician assistants to perform abortions
- Updating laws to allow for non-surgical abortions

HMIHC was instrumental in drafting and supporting these policy protections for women and their providers. These policy changes helped strengthen and preserve access to reproductive health services in Hawaii, while supporting healthcare providers' ability to deliver timely and comprehensive reproductive healthcare services statewide.

Strategy 2: Promote preconception/interconception 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 support for universal reproductive life planning. Particularly significant is the use of approaches designed to meet the unique and varied needs of the state's multicultural population.

The State Medicaid program and a private family practice physician currently co-chair the Pre/Inter-Conception 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). The involvement of Medicaid and the state's system of FQHCs is essential to focus and deliver services to lower-income and at-risk women of reproductive age statewide. 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, support reproductive life planning, and improve birth outcomes. LARC methods are highly effective, can be provided during a single clinical encounter, and are offered through non-directive, client-centered counseling. Despite Medicaid policies supporting contraceptive access, same-day LARC availability remains limited due to ongoing systemic challenges related to procurement costs, stocking protocols, billing, reimbursement pathways, insurance coverage, and variability in hospital and pharmacy workflows.

In partnership with the HMIHC Pre/Inter-Conception Workgroup and the Hawaii Children's Action Network (HCAN), the MCH Branch continued supporting the Birth Control Readiness and Management (BCRM) initiative to identify and address barriers to same-day LARC access statewide. During the reporting period, efforts included statewide pharmacy mapping related to emergency contraception (Ella) and over-the-counter contraception (Opill); assessment of provider-, pharmacy-, clinic-, and hospital-level barriers; and evaluation of inpatient LARC reimbursement pathways. Coordination occurred with healthcare providers, pharmacies, hospital revenue cycle teams, birthing facilities, and Med-QUEST representatives to identify systems-level solutions and improve contraceptive access statewide. Findings confirmed that variability in procurement costs and reimbursement processes remain among the most problematic and significant barriers to same-day LARC access in Hawaii. Regular progress updates and findings continued to be shared with HMIHC and MCH leadership to continue to work towards ongoing systems improvement efforts.

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, with the goal of improving maternal care access and outcomes throughout the state.

Reproductive Health Services: During the reporting period, MCHB continued supporting statewide reproductive health services through eight contracted community providers that serve at-risk and underinsured populations. Services included reproductive life planning, contraceptive counseling, respectful community outreach, and educational support services, as well as subsidized support services such as transportation and childcare to help clients keep their medical appointments. Reproductive health services continued to be delivered statewide through FQHCs, community-based providers, and Neighbor Island college health centers, which are collectively working to improve access to MCH care in rural and at-risk communities.

New State Family Planning Funding: To help ensure continuity of access to reproductive health and family planning services statewide, the 2025 Legislature approved $3.2 million in state funding for family planning services, which FHSD will administer. During the latter part of the reporting period, the Women's and Reproductive Health Section (WRHS) began planning efforts for a new statewide procurement process to support the continued delivery of reproductive health and family planning services. Planning activities focused on maintaining statewide access to care, strengthening service coordination, and supporting continuity of reproductive healthcare services for at-risk populations amid ongoing uncertainty surrounding the federal Title X family planning program.

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 who employ trained medical interpreters and issue regular patient appointment reminders.

ESM WWV 2 - The number of women ages 18-44 years served through the state MCH reproductive health and wellness program.

	2021	2022	2023	2024	2025
Annual Objective			3,800	4,000	4,200
Annual Indicator		3,681	2,698	9,775	9,457

The FFY 2025 data collected indicate that 9,457 women were served through the state's reproductive health and wellness program, which reflects a substantial increase in patient visits when compared to prior years. Expanded statewide provider capacity strengthened coordination among contracted providers and continued outreach efforts helped sustain service delivery for at-risk and underinsured populations across Hawaii. In addition, contracted MCH mobile clinics continued supporting access to care for women who reside in remote and rural communities (see below). While the total number served decreased slightly from the previous reporting year, program utilization remained significantly higher than historical levels, reflecting the continued impact of expanded MCH service coordination and access efforts statewide.

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 utilizes 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 to launch a new mobile van servicing Hawaii island in 2025, where long distances and lack of transportation commonly hamper access to regular and/or follow-up in-person clinic visits.

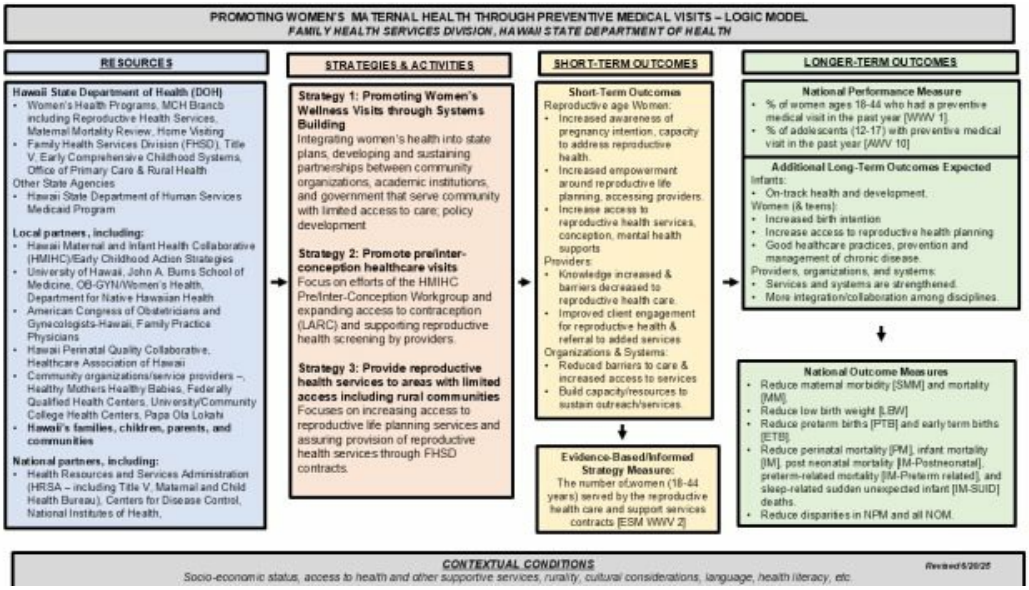
State Maternal Substance Use Fund: During the reporting period, planning and coordination efforts continued around the use of state maternal substance use funding to support pregnant and postpartum individuals impacted by substance use and related systems involvement. These efforts included the development of peer-to-peer support approaches that aim to strengthen family support systems, reduce isolation, improve connection to services and resources, and provide community-based support for families with young children. Planning activities emphasized community-aligned, relationship-centered approaches that are designed to support maternal and overall family well-being.

Rural Maternal/Infant Health Needs: The FHSD Primary Care and Rural Health Units are currently funding 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/talk story 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 with MHI grant writing efforts.

Rural Transportation Barriers: The FHSD Primary Care and Rural Health Units recently provided funding to 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." Transportation options and access to care for the maternal population residing on Molokai and Lanai—small, rural Neighbor Islands—have been ongoing challenges for decades. Many women are compelled to relocate to other islands with maternity care services several weeks before their delivery date, placing significant disruption and strain on family resources and support systems. The study results were presented to key agencies and community organizations in 2025 to assist with ongoing MCH planning and policy development. Results can be found on the RHRPC website: https://research.hawaii.edu/rhrpc/projects-initiatives/

Review of the Action Plan

A logic model was 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

Key challenges to maternal care identified from the 2025 Title V needs assessment are summarized below.

Access to care remains a significant challenge for the state's reproductive health and wellness programs, particularly for more remote rural and Neighbor Island communities. Geographic isolation, persistent provider shortages, and limited transportation options infrastructure contribute to lack of access to care, as well as service gaps that result in long wait times, difficulty scheduling appointments, and overreliance on costly emergency services. Chronic provider shortages also contribute to fragmentation, rather than continuity of care.

Cultural familiarity plays a vital role whether women feel comfortable seeking care. Many prefer providers who understand and/or reflect their lived experiences, values, and community norms. When care settings lack adequate language interpretation and translation, it can lead to confusion, communication barriers, lower-quality care, and ultimately, avoidance of needed services.

Respectful care. Community members expressed the need for health care that respects their culture and identities. LGBTQ+ individuals, women with a history of drug use and pregnant teens anecdotally report being negatively judged, discriminated against, disrespected, and stigmatized in health care settings. These experiences contribute to deep mistrust, which results in them delaying or avoiding care altogether.

Childcare Barriers. The lack of affordable childcare and flexible scheduling further complicates a woman's ability to prioritize her personal health needs over family needs.

These challenges highlight the importance for systems-level strategies and targeted direct services, including the use of mobile clinics in rural communities, integrated service models, and partnerships. The state's approach addresses not only logistical barriers, but also focuses on building trust, cultural sensitivity, and the broader social determinants of health, in order to improve MCH health needs and access statewide.

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 varied HMIHC membership ensures support to maintain and sustain the ongoing collaboration to address populations that

remain at-risk and who are experiencing poor health outcomes.
- Collaborative partnerships among maternal health grantees with community organizations, such as the State Rural Health Association, in order to coordinate efforts for assessment and planning that helps to reduce duplication of services and improve care and services 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 continue to remain to be addressed.

Title V Women's Health Programs

Women's Health programs administered by Hawaii Title V include:

Reproductive Health Care & Support Services: Improves maternal health and reduces the risk of poor birth outcomes by funding community-based providers to deliver essential services to uninsured and underinsured pregnant women from early pregnancy, delivery, and through six months postpartum. These supports address critical gaps in care, helping to prevent complications and reduce maternal mortality and morbidity through accessible, community-focused services where its most needed.

Women Infants and Children (WIC): Provides vital nutrition services to pregnant, breastfeeding, and postpartum women, as well as infants and children under age five. This federally funded program offers Hawaii residents nourishing supplemental foods, nutrition education, breastfeeding support, and healthcare referrals based on income and nutritional risk.

Adolescent Health Services: Spans physical, mental, and social-emotional health—including sexual well-being, positive youth development, and the transition to adulthood for ages 10–24. The WRHS Adolescent Health Services unit receives the federal Personal Responsibility Education Program grant. It also administers the Evidence-Based Prevention Teen Outreach Program, a program directed toward reducing teenage pregnancy, school failure, and school suspension rates.

Maternal Infant Early Childhood Home Visiting: Provides early identification of high-risk families, including expectant families and families of newborns, who may benefit from home visitation services to reduce health disparities by improving birth, health, and development outcomes. Services include support for pregnant individuals and new parents. This is carried out through collaboration with, and referral from, birthing hospitals, physicians, WIC clinics, and community health centers.

Pregnancy Risk Assessment Monitoring System: Identifies and monitors maternal experiences, attitudes, and behaviors from preconception through pregnancy, delivery, and into the interconception period, using a population-based surveillance system.

Maternal Mortality Review: Reviews causes of maternal deaths occurring during pregnancy and delivery through one-year post-delivery to identify evidence-based public health and clinical interventions, improve systems of care, and reduce preventable deaths. The team is composed of representatives from multiple disciplines and agencies.

Domestic Violence Fatality Review: Conducts multidisciplinary and multiagency reviews of child, maternal, and domestic-violence fatalities, near deaths, and suicides to reduce the incidence of preventable deaths among women in the community. The maternal mortality review process examines systems' responses to domestic violence with input from key community agencies and related organizations.

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 Visit (PPV): 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

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 populations 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)

Plans to address this objective and NPM are summarized below.

Strategy 1: Conduct an environmental scan to identify 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 ongoing assessment for this women's health priority issue. This includes reviewing the final maternal health needs assessment findings; conducting additional quantitative analysis based on Hawaii-related subgroups; examining the national MCH Evidence postpartum research; and conducting an MCH-focused assessment of the state's healthcare services system.

To support this work, FHSD is supporting needs assessment training efforts, including in-person meetings and the development of a strategy planning toolkit similar to the toolkit available on the MCH Evidence Center website. The first training session was held in April 2026. Additional sessions are being planned based on MCH staff evaluations and feedback. These resources are intended to guide the necessary data collection and community engagement activities that are needed in order to identify specific postpartum care strategies, as well as develop detailed workplans for the 2026–2030 project period.

Additional plans include:

- Collaborate with key partners – Collaborate closely with the FHSD State Primary Care Workforce Unit and partners, such as the State Rural Health Association and the Hawaii Maternal Infant Health Collaborative. The goal is to complete a comprehensive maternal workforce assessment to gather data on the current number of active maternal health care providers, identify provider shortage areas that impact postpartum healthcare access, as well as other strategies to improve women's health services.
- Coordinate with maternal health research initiatives - Collaborate closely with other Hawaii maternal health research projects, including those funded by HRSA and Robert Wood Johnson grants.
- Integrate Maternal Health Improvement (MHI) priorities – Incorporate priorities from the State MHI Strategic Plan that is supported by the HRSA MHI grant.
- Use the Title V postpartum fact sheet – Use the Title V postpartum fact sheet to engage internal and external partners in ongoing dialogue to help identify MCH strategies, community resources, and best practices for Title V to support.
- Select focused strategies - Summarize findings to select targeted Title V strategies, identify appropriate strategy measures, and develop a workplan that will improve postpartum care through 2030.

Strategy 2: Provide postpartum care through MCH Branch reproductive health service contracts.

This strategy focuses on ensuring women's postpartum care is provided through state-funded reproductive health contracts. These contracted services 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 within populations that are deemed the most at-risk and/or underinsured. The services provided include support for clients to attend their medical appointments, including postpartum visits and subsidized support services, such as transportation and childcare. The program also includes community-informed outreach, MCH-specific and related services for educational support, and contraceptive counseling and access.

Eight contractual community providers currently deliver reproductive health services through seven Federally Qualified Health Centers (FQHCs) statewide, as well as the Maui Community College's Student Health Center.

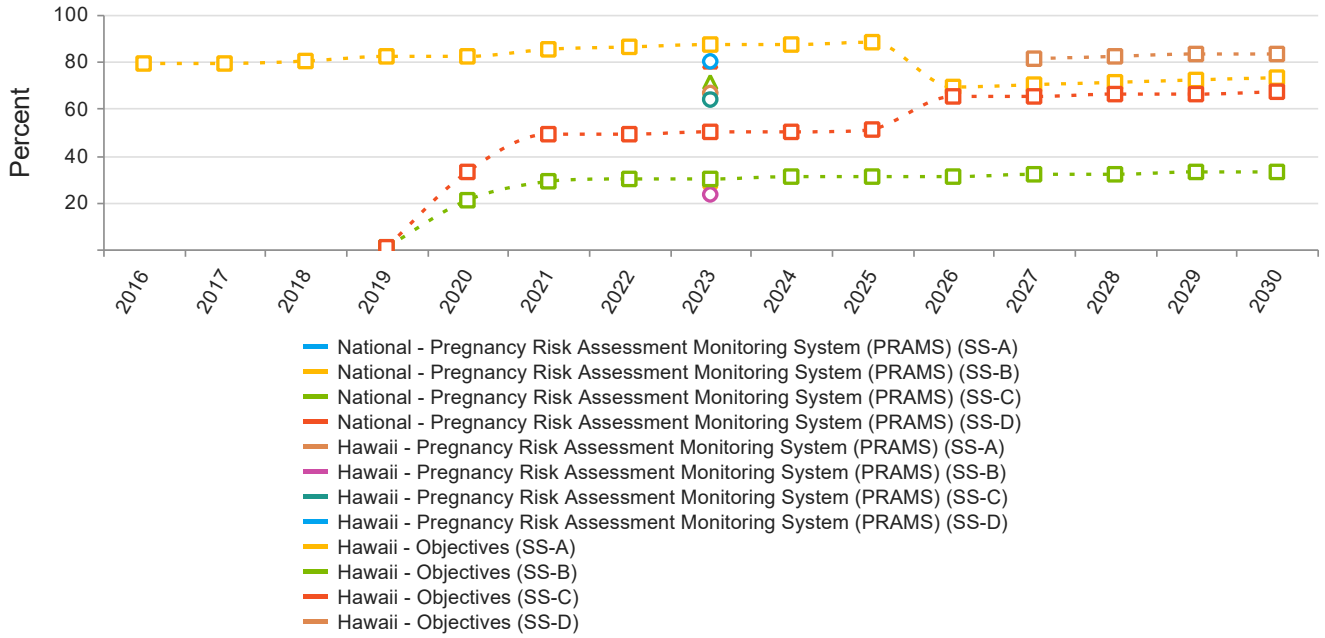
Based on results of the MCH environmental scan, specific strategies are anticipated to be identified to help contractors further improve the quality and frequency of postpartum care.

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	85	86	87	87	88
Annual Indicator	80.1	83.0	80.0	66.4	66.4
Numerator	12,016	12,363	11,938	8,877	8,877
Denominator	15,003	14,891	14,928	13,361	13,361
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2020	2021	2022	2023	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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	29	30	30	31	31
Annual Indicator	24.7	27.7	23.5	23.5	23.5
Numerator	3,565	4,047	3,383	3,208	3,208
Denominator	14,455	14,591	14,412	13,645	13,645
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2020	2021	2022	2023	2023

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	49.0	49	50	50	51
Annual Indicator	45.9	52.0	50.4	64.0	64.0
Numerator	6,633	7,507	7,256	8,711	8,711
Denominator	14,477	14,422	14,405	13,603	13,603
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2020	2021	2022	2023	2023

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	**2025**
Annual Objective		
Annual Indicator	79.8	79.8
Numerator	11,015	11,015
Denominator	13,803	13,803
Data Source	PRAMS	PRAMS
Data Source Year	2023	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**	**2025**
Annual Objective			9,000	10,000
Annual Indicator	7,839	1,464	1,464	5,000
Numerator				
Denominator				
Data Source	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program
Data Source Year	2022	2023	2024	2025
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective		27,000	28,000	29,000	30,000
Annual Indicator	25,907	25,855	26,116	25,264	25,111
Numerator					
Denominator					
Data Source	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

Perinatal/Infant Health - Annual Report (Last Modified: FY 2027 Application/FY 2025 Annual Report)

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-B - Percent of infants placed to sleep 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 with an adult during sleep

Introduction: Safe Sleep

For the Perinatal/Infant Health domain, Hawaii selected NPM SS, based on the 2020 Title V needs assessment findings.

NPM Data: The data for the four Safe Sleep measures are from the Hawaii PRAMS survey. No new PRAMS data are available to report for FY 2025 due to delays in weighting at the Centers for Disease Control and Prevention. The 2024 PRAMS data are being used for 2025.

There were several major changes made to the Title V Safe Sleep NPM. In 2023, revisions to the Hawaii PRAMS survey questions resulted in NPM SS-A through SS-C no longer being comparable to previous years. SS-D, which measures room-sharing with an adult, was added as a new indicator in 2023. State objectives were revised based on the updated 2023 data.

NPM SS-A: The latest data from the 2023 PRAMS survey (66.4%) did not meet the 2025 state objective (68.0%), or the Healthy People 2030 objective of 88.9%. However, the figure was close to the 2023 national estimate (69.0%). The state objectives reflect an approximate 10% projected improvement yearly over five years, through 2030.

The 2023 PRAMS data indicate 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%). Further subgroup data analyses were not feasible due to the small Hawaii sample size.

Prior analysis of Hawaii PRAMS aggregated ethnic data for 2019-2022 indicates 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 significantly 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%) indicates that Hawaii did not meet the 2023 state objective (31.0%), falling 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 2025 through 2030 reflect a projected 5% improvement.

The 2023 PRAMS data also indicated that uninsured mothers (9.3%) were significantly less likely to report placing their infants on an approved separate sleep surface, when compared to those covered by other public insurance such as Medicaid (30.3%). Similarly, unmarried mothers (14.7%) reported lower likelihood of placing their infants on an approved separate sleep surface than married mothers (29.8%). Further subgroup data analyses were not feasible due to the small Hawaii sample size.

Based on the analysis of the 2019-2022 PRAMS ethnicity 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%) indicate that the 2023 state objective of 64.0% was met 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 2025 through 2030 reflect approximately a 5% projected improvement.

The 2023 PRAMS data indicate uninsured mothers (38.8%) reported significantly lower instances of placing their infants to sleep without soft objects or loose bedding, when compared with mothers who had private (69.4%) or other public/Medicaid (70.9%) insurance. Similarly, unmarried mothers (54.8%) reported lower instances of placing their infants to sleep without soft objects or loose bedding, when compared to married mothers (70.6%).

Significant differences were also observed across racial and ethnic groups for this PRAMS question. 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, when compared to 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 Safe Sleep measure on infants' room-sharing with an adult during sleep was added to the 2023 PRAMS survey, with first year of data reported in 2024. Data from the 2023 PRAMS survey indicate that the prevalence of infants room-sharing with an adult during sleep (79.8%) was similar to the 2023 national estimate (79.9%). The 2023 PRAMS subgroup data analysis indicates that mothers who were uninsured (54.0%) reported lower rates of infant room-sharing with an adult during sleep than those with private insurance (80.1%) or Medicaid (82.3%). No other significant differences were found in subgroup analyses.

PRAMS Data Disruption: Hawaii PRAMS data were not collected from 2017 to 2018 due to state statutory privacy concerns that needed to be addressed regarding the use of vital records for public health research. As a result, the Title V 2019 NPM SS indicators are based on data from the 2016 PRAMS survey, and the 2020 indicators are based on the 2019 PRAMS survey. The 2019 dataset includes only six months of weighted data, with complete 12-month data available in subsequent years.

Objectives: Following a review of the baseline data and the Healthy People 2030 objective, the state objectives for the safe sleep measures were updated through 2030, based on the 2024 reported indicators.

Child Death Review: The total number of child deaths in Hawaii for 2025 was 118. There were reported 46 identified non-natural deaths and 72 identified natural deaths in this total figure. Infant sleeping conditions were considered by the 2025 Hawaii Child Death Review group as possible contributing or causal factors in several of the 2025 identified natural death cases.

Title V lead/funding: The supervisor for the Family Strengthening and Violence Prevention Unit (FSVPU), which is under the Maternal

and Child Health 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 select federal grant funds are leveraged to support program 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 Association of Maternal and Child Health Programs (AMCHP) and MCH Evidence Center research indicates that targeting caregivers with safe sleep education is a valid evidence-informed strategy. National campaigns have focused on targeting identified at-risk subgroups, as this approach has the most significant impact on creating fair health opportunities.

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. This 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 aligns with 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 that align with Title V strategies:

- Foster collaboration and partnership among community programs and stakeholders on safe sleep efforts, as well as other maternal and child health issues.
- 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 activities, including scheduling meetings; maintaining and building membership/partnerships; conducting planning and policy development; working with advocates and families; and organizing trainings, presentations, and other outreach efforts for safe sleep. Ms. Worthington is an attorney who provides SSH with years of local and

national experience in CAN prevention.

Safe Sleep Summit: The June 2025 Safe Sleep Hawaii Virtual Summit drew on local expertise in three key areas. First, specialists in specific Micronesian cultures provided historical context and community-grounded strategies to help providers better connect with families who, according to PRAMS data, are less likely to implement recommended safe sleep practices and environments for their infants. Second, a DOH epidemiologist discussed the implications for preventing sleep-related infant deaths, drawing on recent PRAMS findings, child death review data, and records of serious injury and death among children. Third, representatives from local organizations currently delivering safe sleep education described the range of community resources available to support expectant parents, new parents, and caregivers.

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 available 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 fall 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 the end of 2024 and featured a governor's proclamation signing, an accompanying press release, and mayoral proclamations from both Kauai and Maui counties. SSH members also appeared in feature segments on local television news and talk shows to share Safe Sleep information. Television, radio, and digital spots promoting safe sleep were developed using the ABC messaging (Alone, on their Backs, in a Crib), which are established evidence-based recommendations from AAP.

The media spots highlighted 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. The campaign also coordinated with community-based programs that are supporting safe sleep efforts, such as *Cribs for Kids*.

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 412,000 digital media impressions recorded during the campaign.

Safe Sleep Webpage: In September 2023, DOH launched the SSH Coalition home page, 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. For the reporting period, 343 users viewed the site 640 times. Page views, resource link clicks, and document downloads totaled 2,167.

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 DOH initiative to update the Safe Sleep messaging and campaign materials extends to the Safe Sleep webpage. SSH has reviewed the existing content and provided suggestions for updates consistent with the new messaging.

The Parent Line: The Parent Line, which is 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 can access more information. This individualized approach to health

promotion is supported with moderate evidence.

Webpage: MCHB worked with The Parent Line to create a dedicated webpage for safe sleep guidelines, with downloadable electronic copies of the Safe Sleep Guide available, along with the schedule of accessible online safe sleep workshops. In 2024, the Parent Line distributed 22,217 hard copies of the Safe Sleep Guide for Parents in English and various languages/dialects.

Translated SS Materials: Hawaii has a large immigrant and multiethnic population, including many households that speak English as their second language (ESL). These populations practice a range of 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 guide is currently used by all licensed childcare providers, as well as other early child programs statewide.

Social Media: Social media assets were created using images from the translated Safe Sleep Guide to encourage educators and providers to share information across their platforms in languages appropriate for the families they serve. These posts are housed in the SSH Coalition E-Toolkit, accessible on the DOH Safe Sleep homepage.

The 2025 Parent Line contract was awarded to Healthy Mothers, Healthy Babies (HMHB), which will assume the role for the distribution and promotion of safe sleep materials going forward.

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 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	7,000	8,000	9,000	10,000
Annual Indicator	7,839	1,464	1,464	5,000

Data for 2024 remained the same as 2023 due to services delivery issues with the previous Parent Line contractor. Because of contract compliance concerns, MCHB transitioned to a new contractor for Parent Line operations. The 2025 data reflect the first quarter of reporting under this new contractor. Going forward, the ESM will likely be reviewed and updated, as more providers and parents appear now to be accessing these materials digitally.

Cribs for Kids: Community-based crib distribution programs show moderate evidence of effectiveness, per the MCH Evidence Center. 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 are provided safe sleep information and a *Graco Pack N Play* crib, so that each infant in the program has a designated safe place to sleep. The program also works closely with Hawaii birthing hospitals to ensure that parents, upon hospital discharge, are able to provide their infants with safe sleeping conditions at home.

HMHB provided safe sleep education and cribs to over 180 parents and caregivers statewide, as of May 2025. Follow-up contacts with participants provide valuable lived experience evaluation information and also provide an opportunity to re-emphasize SS and other health information, as well as assist families with referrals, as needed. HMHB, through its extensive statewide partnerships, continues to assist families with referrals to support services, including SNAP, WIC, Medicaid, childcare, and referrals for other

health-related needs.

Hospital Crib Distribution. In addition to CFK, the MCHB also contracted with the Keiki Injury Prevention Coalition, to operate a crib-distribution program at Kapiolani Medical Center for Women & Children, the state's only specialty care facility for women and children located in Honolulu. Over a 10-month period, 70 cribs were distributed to mothers who were experiencing financial hardship, including those who had no health insurance or on Medicaid coverage. Families also received SS education, follow-up contacts, and access to translation services.

Safe Sleep Professional Development. SSH members express strong interest in using data to inform SSH activities and how they engage with families in their daily work. This interest led to data presentations at both the 2024 and 2025 Safe Sleep Virtual Summits and to the development of a PRAMS data focused fact sheet for the 2025 Summit ("PRAMS Data about Safe Sleep Education and Practices Among Mothers in Hawaii: A Deeper Look for People Who Work with Parents and Caregivers of Infants").

Current Year Highlights to FY 2026 (10/1/2025 – May 2026)

Safe Sleep Coordinator Departure. The Safe Sleep Program Coordinator left the organization, and the position is currently vacant. During this period, MCHB staff are working together to ensure program responsibilities continue to move forward, until the role is filled. Recruitment efforts for the SS coordinator position are currently underway.

Safe Sleep Summit. The June 2026 Safe Sleep Summit was held in person, for the first time in several years. To support statewide participation, travel stipends were offered to attendees traveling from beyond Oahu. This year's Summit theme, "Choose Safe Sleep," aligns with the new messaging campaign, "*Choose Safe Sleep, Every Nap, Every Night*." The plenary session introduced the campaign, shared its background, and explored how it can help facilitate conversations with parents and caregivers. Breakout sessions were led by community service providers, focusing on topics identified by SSH, as priority areas for professional development.

Media Campaign: There was no media campaign launched in Fall 2025. However, work has begun to update and rebrand the SS materials, website, and social media accounts, which are now administered under the new contractor, Healthy Mothers Health Babies. A new rack card using the new 1-2-3 framework was developed as part of the new campaign, which is available on the SS website: health.hawaii.gov/safesleep/. For the reporting period, 343 users viewed the site 640 times. Page views, resource link clicks, and document downloads totaled 2,167.

Parent Line: Effective July 1, 2025, MCHB initiated relationship with a new vendor, HMHB, to manage The Parent Line. The Parent Line continues to provide 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 can access more information. This individualized approach to health promotion is supported with moderate evidence. As of January 2026, there were 22,780 visits to the website, with 4,284 flyers promoting parenting services downloaded from the website, 200 new parent packets disseminated, 112 social media interactions, and 180 calls and texts provided through the Parent Line.

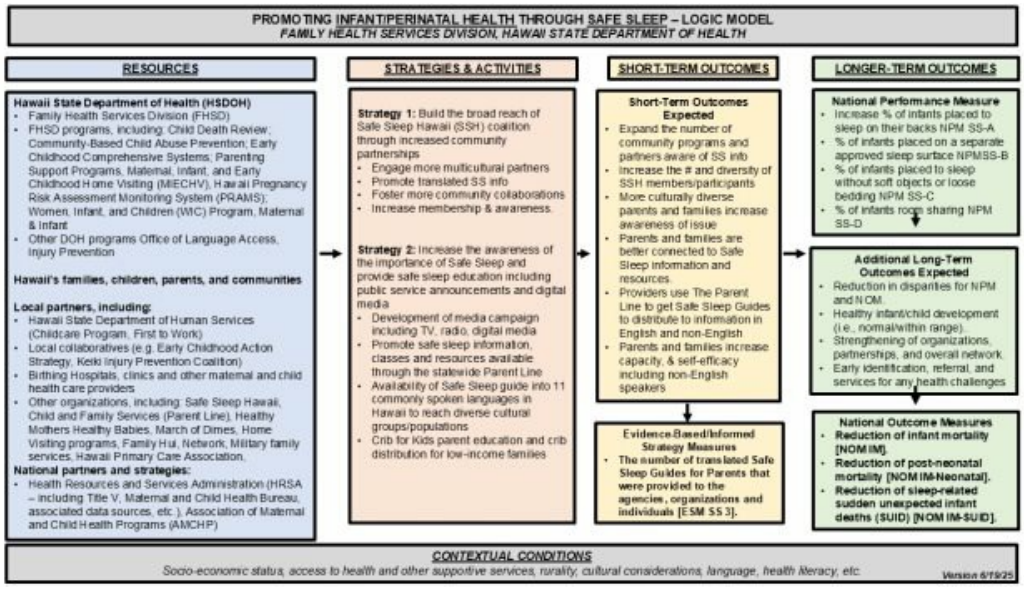
Safe Sleep Hawaii. The SSH Coalition continued to meet every other month, which includes the 2026 Summit as a meeting.

Cribs for Kids (CFK): HMHB successfully provided essential safe sleep education and distributed cribs to 174 parents and caregivers statewide. By reaching families in multiple counties, the program helped ensure that caregivers, regardless of geographical location, received consistent, evidence-based guidance, as well as the resources needed, to learn about and practice safe sleep

practices.

Review of the Action Plan

A logic model was developed for NPM SS to ensure alignment among SS strategies, activities, measures, and desired outcomes. The activities associated with both SS strategies directly correlate with the short-term outcomes and are also expected to contribute to longer-term outcomes, including reductions in infant mortality



Challenges Encountered

Program Staff Vacancies: A major challenge in sustaining the program activities is the large number of vacancies currently across the MCH Branch, including the Safe Sleep Program Coordinator position. These staffing gaps reduce overall capacity, slow down workflow, and limit the staff's ability to maintain consistent program operations. When key roles remain unfilled, existing staff must absorb additional responsibilities that can lead to delays in service delivery, reduced program reach, and difficulty in maintaining the quality and continuity of core activities. Until these key vacancies are filled, the branch's ability to fully support and sustain the program remains constrained.

Vacancies in partnering social service and community health agencies also challenge efforts to sustain and/or grow SSH. Staff shortages require existing staff to absorb additional responsibilities, leaving less capacity for staff participation in community partnerships such as SSH. Additionally, staff turnover often results in information gaps for incoming personnel regarding SSH operations.

Housing Insecurity: Soaring housing costs, limited affordable housing options for residents, and steadily increasing inflation all contribute to increasingly overcrowded households and significant housing insecurity in Hawaii. This translates to a greater likelihood of less safe sleep conditions, especially for many younger and lower-income families.

Addressing Co-Sleeping: Hawaii PRAMS data confirm that co-sleeping is a widespread cultural practice across the state. While initiatives like the Cribs for Kids program—which provides Pack n Play cribs and education—have proven effective both nationally and locally with at-risk populations, addressing deeply rooted cultural beliefs and the general acceptance of co-sleeping remains challenging.

This practice is often tied to the state's varied ethnic makeup and exacerbated by high housing costs, overcrowding, housing

insecurity, and multi-family living arrangements. Data indicate that specific ethnic groups, young mothers, and low-income families are most likely to practice infant co-sleeping, making collaboration with cultural leaders and community organizations essential for successful, targeted outreach.

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 also remains unclear, as to what extent service providers have utilized the translated SS information with their client populations.

Overall Impact

Safe Sleep Hawaii Coalition: SSH is the statewide coalition promoting safe sleep efforts, focusing on developing consistent educational materials for parents and caregivers, alongside public messaging to raise awareness about safe sleep environments. Now over 20 years old, SSH maintains an active, dedicated membership committed to reaching young families and preventing infant fatalities caused by unsafe sleep conditions. Although the intensity of its activities has varied over the years, the Coalition continues to meet regularly and sustain its outreach on behalf of the youngest and most vulnerable residents.

Expansion of Media Outreach: COVID-19 challenges fundamentally shifted safe sleep outreach toward electronic and digital methods, expanding virtual access to vital information statewide. Previously distributed via printed posters in provider offices, the *Safe Sleep Guide for Parents and Caregivers* is now primarily available in digital format on The Parent Line website. The site also hosts free, virtual safe sleep workshops for families. Hard copies remain available by mail upon request. Guided by SSH Coalition members' input, future updates will prioritize digital formats, reflecting provider reports that parents now prefer accessing information directly on their smartphones over receiving printed materials.

Website: The newly created DOH Title V Safe Sleep homepage and social media posts (Instagram and Facebook) are now available for service providers to download and share on their own platforms with their patients, clients, and the general public. The homepage was developed at the request of the SSH Coalition.

Leveraging Statewide Parent Line: 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, as well as local television/morning show interviews with providers of care. This brought more awareness of the issue to the general public and highlighted the available SS resources. Subsequent media posts will also include the new DOH website information.

Service Supports: Statewide crib distribution programs offered by community-based organizations have paired effectively with safe sleep education to help families and providers needing both informational and technical support. These programs are primarily geared toward lower SES families, who face escalating economic challenges and overcrowded living conditions. Community and social media initiatives amplified collective efforts to share evidence-based AAP infant safe sleep guidelines.

SPM 2 - Number of participants in the WIC program in Hawaii

Introduction: Food Insecurity Priority

For the Perinatal/Infant Health domain, Hawaii added this state priority in FY 2021 to address food insecurity, which emerged based on the results of ongoing needs assessment during the COVID pandemic. 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 and with the significantly escalating cost of living.

This priority focuses on increasing enrollment and utilization of the Hawaii Supplemental Nutrition Program for Women, Infants, and

Children (WIC), which is administratively part of the Title V agency. It emphasizes outreach to families and populations who may not be aware of, or are not currently accessing, WIC's many nutritional and health benefits, as well as related services referrals.

Data: The data for this measure is derived from the U.S. Department of Agriculture's WIC user participation reports, which reflect 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 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 continuing 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 and most robust public food security program in the state and nation. The program specifically serves pregnant and parenting women, infants, and young children under age five with nutritional health education and support. Although WIC services are not directly funded by Title V, the branch benefits from significant Title V-funded administrative support and programmatic services provided by FHSD, including social media and communication assistance, contracting, data analytics, and IT services.

New State Funding for WIC: To ensure greater sustainability for the Hawaii WIC program, the 2025 Legislature appropriated state funding for 16 WIC positions, which were previously federally funded. This state investment in WIC infrastructure will help maintain continuity of WIC operations, amid fluctuating and uncertain future federal support. The federal funds that in the past were allocated to these positions will now be reallocated to adjust vendor reimbursement rates, as well as better support and further enhance direct WIC client services.

Although many other states do provide funding to enhance WIC operations, this is the first time the Hawaii State Legislature appropriated specific funding to directly support the 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 income-eligible mothers and their families.

Key Partners: WIC's many community partners include a wide range of public and private programs and agencies that also serve low-income children and their families. These partners include federal entitlement programs (Medicaid, SNAP, and TANF); state programs (Hawaii Head Start Collaboration Office and the Executive Office on Early Learning); the University of Hawaii Center on the Family; Department of Health partners (Chronic Disease Nutrition programs that helped establish the WIC Farmers' Market, Early Childhood, Women's Health, and MIECHV); and a number of private organizations.

Evidence: There is strong national longitudinal evidence that demonstrates the validated 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 (Center on Budget and Policy Priorities, 2021).

Strategies: The food insecurity strategies for Hawaii are primarily based on the findings of a Hawaii WIC food security workgroup that was convened from 2021-2022. Their goal was to identify specific barriers and challenges to WIC services, as well as to develop strategies and actions 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 community-based Hawaii Children's Action Network (HCAN).

In close collaboration and partnership with WIC, HCAN convened the workgroup and invited key community, agency, and family representatives to participate. 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 that were 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 Working Group recommendations was initiated in May 2022, when WIC executed a data-sharing agreement with the Department of Human Services (DHS) Supplemental Nutrition Assistance Program (SNAP) to align and simplify the enrollment process for clients eligible for both programs. Research from the Center on Budget and Policy Priorities has shown that aligning data across benefit programs such as SNAP can increase WIC enrollment, simplify the WIC enrollment process, improve maternal and child health outcomes, reduce food hardship, and help address broader social and community-level needs.

Testing efforts were carried out to migrate dual eligibility and referral data from SNAP to WIC's Management Information System. WIC staff continue to work on testing the SNAP data import files and scrubbing them, as needed, for data import accuracy.

DHS, which administers both SNAP and Medicaid, is leading the data-sharing effort, as a crucial part of an overarching WIC/SNAP collaboration. The effort was funded by a private foundation grant awarded in 2021 to strengthen the capacity of state systems that leverage SNAP and related programs. The goal of this initiative is to increase access to essential nutritional supports and reduce child hunger. WIC and SNAP programs met regularly during this period to plan and implement grant activities, coordinating efforts with a range of existing food security resources.

While WIC does not share program data with Medicaid, both agencies continue to share SNAP and WIC eligibility and enrollment information with clients.

WIC/SNAP Messaging Campaign: As the data migration continued, the WIC program prioritized educational outreach and promotional activities. In summer 2023, a social media campaign was launched to inform the public about the opportunity to apply for both SNAP and WIC at the same time. Communications staff from FHSD and DHS collaborated closely to create images for the campaign and update agency websites. These efforts culminated in a joint press release issued in late 2023.

WIC Farmers' Market & Food Hubs: As part of the implementation of the DOH Chronic Disease program's nutrition plan, WIC is working closely with community partners to increase WIC client access to nutritious, locally grown produce. This is being accomplished by authorizing the use of WIC benefits for fruits and vegetables at a wider range of community farmers' markets and food hubs. The pilot cohort, implemented successfully in FY 2024, included two farmers' markets and two food hubs located in rural communities with large Native Hawaiian populations. These initiatives continue to improve access to fresh produce, support local farmers and food sustainability, and increase the visibility of WIC services throughout the community.

This pilot project is being evaluated with programmatic modifications made, as needed. Additional WIC Farmers' 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 and are in the process of implementation on the islands of Oahu and Maui.

Early Childhood Breastfeeding Partnership: WIC recently executed a new contract in 2025 to partner with the Early Childhood Action Strategies (ECAS) group. This contract was 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. Through this partnership, ECAS has supported efforts to expand the WIC Breastfeeding Peer Counseling Program, increase the availability of breastfeeding trainings, and identify strategic partnerships and opportunities that promote more successful and widespread breastfeeding outcomes for WIC families statewide.

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 by states nationally. HCAN grant activities continued through 2024, focusing on creating a "WIC Culture" brand. Branding efforts included creating a new, colorful logo; launching a social media presence; developing and releasing new outreach materials for WIC clinics; and conducting statewide community outreach events to increase WIC visibility and engagement. The new WIC website also features local social media influencers who demonstrate simple, healthy recipes using ingredients from the WIC food package. These activities were designed to strengthen WIC's public presence, improve community connection, and expand awareness of available services.

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 ongoing WIC client benefit utilization and enrollment.

WIC Working Group Assessment: The Hawaii Children's Action Network (HCAN) completed a comprehensive needs assessment for the Hawaii WIC program in 2024. The assessment examined Hawaii census data and other local and national sources of information relating to child food insecurity. HCAN also researched a range of policies and systems in other states that have successfully increased WIC benefit utilization, providing options for WIC and workgroup consideration.

In addition, HCAN conducted data trend analysis on usage and related WIC client trends in Hawaii for the past several years. Utilizing 2019 Federal U.S. Department of Agriculture data, some of the significant key findings of the report include:

- Among WIC-eligible pregnant and postpartum women, 83.8% participated pre- and post-delivery, and 100% of eligible infants were enrolled in the WIC program.
- Participation declined significantly after the first year of life: only 42.5% of WIC-eligible children ages 1 to 4 continued using WIC services.
- A major limitation of the national WIC dataset was the absence of disaggregated racial and ethnic data specific to the state's varied population, making it difficult to determine which subpopulations were less likely to access WIC 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..

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 analysis. 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 composed of Native Hawaiian (34%), White (15%), Mixed (13%), Pacific Islander (11%), Filipino (10%), and Other Asian (10%) ancestry. The data validates that WIC is serving the state's racial groups with demonstrated lower per-capita income and greater likelihood of WIC eligibility. 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 within WIC that the largest drop-off of WIC participants occurred after age one, 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
- Child or family members were enrolled in other entitlement programs
- Smaller household size
- Older mothers

A final COF data analysis report was completed in 2024 and is now available on both the WIC and COF websites. https://health.hawaii.gov/wic/program_details/hawaii-wic-participants-characteristics/

Challenges Encountered

The WIC Working Group identified several barriers to accessing services, along with new opportunities to further improve on WIC enrollment, benefit utilization, and client retention. This was accomplished by drawing on the WIC Working Group's unique and varied perspectives, as well as with shared individual client experiences within the WIC program.

The Working Group identified several potential promising opportunities for WIC program improvement in outreach and recruitment:

- Provide an updated, technology-forward approach to communicating with WIC clients by using commonly preferred contact methods—such as texting, email, and direct messaging to WIC staff. This includes delivering prompt, consistent e-reminders to notify clients when appointments are due and when their WIC benefits are nearing expiration.
- Strengthen community-responsive approaches and staff skills-building among WIC clinic workers, and ensure that written educational materials are readily available in languages commonly used by current and potential WIC applicants and participants.
- Partner with agencies that currently work closely and effectively with Pacific Islander communities, such as *We Are Oceania* (WAO), the City and County of Honolulu Resilience Resource Center, and the Hawaii Island *Micronesians United* (MU-BI).
- Conduct rigorous 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. In 2025, vacancies ranged from 20-30 positions within the WIC program statewide, which adversely affects delivery of services and overall operational efficiency.

Overall Impact

WIC Working Group Collaboration: Prior to the convening of the WIC Working Group, the WIC program lacked both opportunity

and capacity to dedicate significant resources towards program planning for improving the WIC program Despite WIC's substantial overall budget, the majority of funding is dedicated to direct client services and core program operations, leaving limited resources available for program improvements or innovation. These unique private-public partnerships brought sorely needed resources, staffing, and supports to the largest and most significant maternal and child health program in Hawaii.

WIC Client Engagement: The WIC Working Group provided invaluable feedback from entities with a range of perspectives on the program. The broad composition of the Working Group—including academics, advocates, WIC clinic staff, WIC state office staff, and WIC clients—allowed multiple perspectives to come together collaboratively to better address WIC clients' needs.

The participation of former and current WIC clients in the program assessment and improvement process proved invaluable to both the working group and the WIC program as a whole. Clients offered clear, candid perspectives on their experiences and highlighted the significant challenges facing young families in today's increasingly difficult socioeconomic environment. Moving forward, collecting and analyzing this type of client-driven experiential insight will be a high priority and will play a larger role in future WIC research, planning, and program development.

Key Partnerships: Additional partnerships continue to strengthen and expand WIC program services. Through collaboration with the DOH Chronic Disease Nutrition Program and various community partners, WIC piloted four new farmers' markets and food hubs. These locations offer community-based, innovative, and convenient options for accessing fresh, healthy, and locally grown produce using WIC benefits. This effort supports WIC's goal of improving access to affordable nutritious foods for enrolled families while reinforcing connections with local food systems.

Data Partnerships: The University of Hawaii Center on the Family provided critical data analysis that helped describe the client populations served by WIC and identify important information on program retention, both statewide and by county. In addition, a new contract with Early Childhood Action Strategy is now underway to further strengthen and expand WIC's breastfeeding promotion efforts, including support for the Breastfeeding Peer Support Program.

Leveraging Increased Public Awareness of Food Insecurity: As public awareness of the state's food insecurity crisis has grown, WIC leveraged this momentum to strengthen partnerships and modernize its services. Even prior to COVID-19, the high cost of living and persistent food insecurity placed considerable strain on young families. According to the Hawaii Foodbank, one in three children statewide resides in a food-insecure household, frequently experiencing skipped meals due to financial constraints.

This increased awareness contributed to broader public recognition and acceptance of nutrition assistance programs such as WIC and SNAP, along with a clearer understanding of their essential role in supporting family and community health. As a result, stigma surrounding the use of public services decreased, creating greater opportunities for community collaboration and engagement.

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-B - Percent of infants placed to sleep on a separate approved sleep surface
NPM SS-C - Percent of infants placed to sleep without soft objects or loose bedding
NPM 5D - Percent of infants room-sharing with an adult during sleep without bed sharing

For the Perinatal/Infant Health domain, Hawaii selected NPM SS Safe Sleep, based on the 2025 Title V needs assessment findings. 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%

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 Hawaii 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, as well as other maternal and child health issues.
- 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.

The contract with the SS consultant is being extended to maintain the Coalition's progress. Priorities will be reviewed and updated as vacancies in the MCH Branch SS program are filled.

Safe Sleep Summit: SSH plans to continue holding the annual statewide Safe Sleep Summit and will evaluate the event to assess outcomes. The Summit's focus varies based on needs identified by SSH and DOH. Keynote speakers have included both national and local experts, and each Summit features the latest data and evidence-based practices, along with breakout sessions that highlight local resources and identify emerging challenges.

Strategy 2: Increase awareness of the importance of Safe Sleep and provide safe sleep education, including public service announcements and digital media

Media Campaign: The updated Safe Sleep campaign messages will launch during October 2026 Safe Sleep and SIDS Awareness Month. The messages will be distributed through television, radio, and electronic media. Activities are expected to include a proclamation signing by the Governor and County Mayors, as well as the distribution of a press release. The updated DOH Safe Sleep webpage and The Parent Line will be highlighted, and the campaign will coordinate with community-based programs that continue to support and educate families on safe sleep efforts.

Hawaii safe sleep messaging is shifting from the long-used ABCs (Alone, on their Back, in a Crib) approach to a clearer and more community-aligned 1-2-3 framework. This transition addresses limitations of the previous messaging, as the term 'alone' created

confusion and emotional resistance, while inadvertently contradicting best-practice room-sharing guidance. The ABC acronym left out key safety behaviors and no longer matches current AAP guidance. The new 1-2-3 structure (1. Back to Sleep; 2. Firm, Flat Surface; 3. Own Space Near You: Room Share, Not Bed Share) provides simple, realistic steps that better fit local families' lives. Paired with the new tagline "*Choose Safe Sleep — Every Nap, Every Night*," the refreshed messaging centers caregiver agency, avoids shame, and supports consistency across partners. Plans for a locally created jingle/lullaby will further strengthen recall, cultural resonance, and trust by turning the 1-2-3 steps into a soothing, memorable cue families can carry into daily routines.

As part of this rebranding effort, a new SSH logo was also developed to support the refreshed campaign identity and is now featured across updated promotional materials and the website.

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 are familiar to more limited and non-English-speaking households.

Parent Line: HMHB will operate and promote the state Parent Line contract, providing information and referral to parents who have questions regarding safe sleep practices. 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.

Cribs for Kids (CFK): Based on the CFK evaluation results, funding for the program will continue and areas for expanded support will be explored including translation of the CFK program materials to reach those in non-English-speaking households.

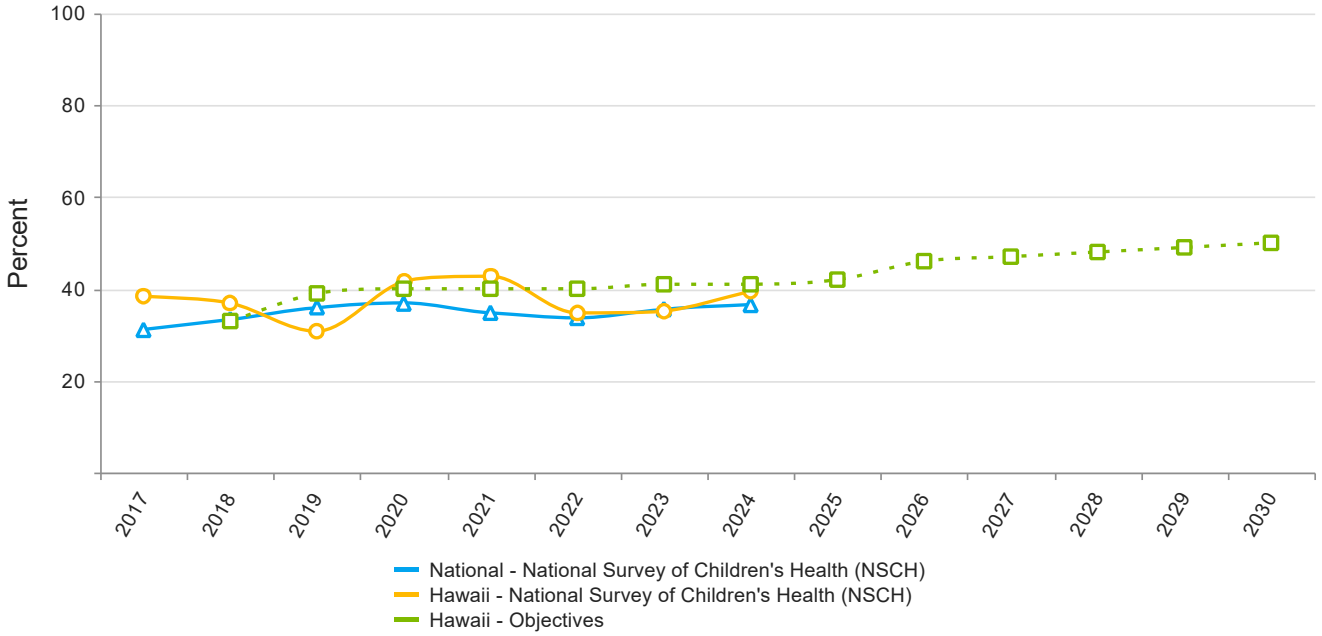
SPM 3- Number of participants in the WIC program in Hawaii

There are currently no plans for SPM 3. Although food insecurity was identified as a priority issue for families in the 2025 needs assessment, this state measure will be discontinued. In its place, Hawaii opted to select the new NPM that focuses on food sufficiency for children. Plans for the new NPM FS are detailed in the Child Health domain narrative.

National Performance Measures

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	40	40	41	41	42
Annual Indicator	41.2	41.0	34.6	35.1	39.4
Numerator	16,334	15,213	12,730	11,189	12,264
Denominator	39,621	37,098	36,781	31,851	31,117
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

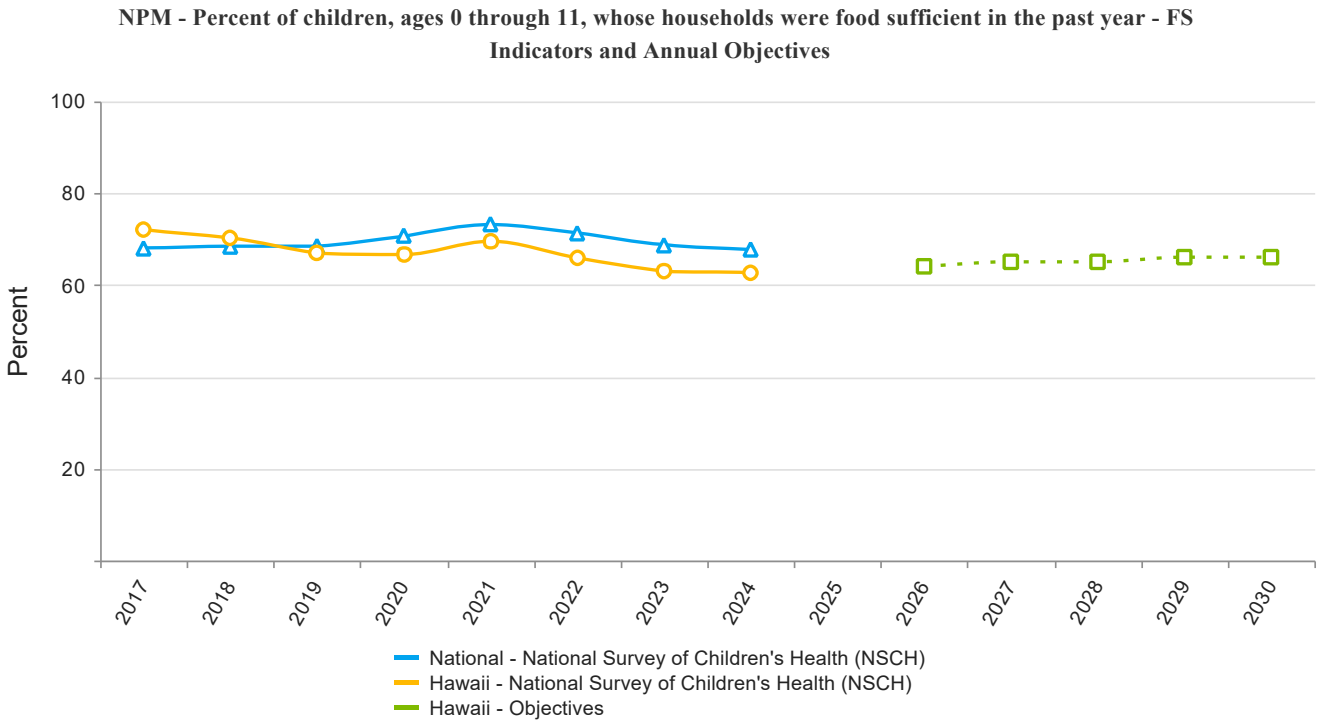
Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	46.0	47.0	48.0	49.0	50.0

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**	**2025**
Annual Objective			50
Annual Indicator	30	35	37
Numerator			
Denominator			
Data Source	Title V CSHN Branch H'ilei program	Title V CSHN Branch H'ilei program	Title V CSHN Branch H'ilei program
Data Source Year	2023	2024	2025
Provisional or Final ?	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	**2025**
Annual Objective		
Annual Indicator	63.1	62.7
Numerator	122,498	117,771
Denominator	193,987	187,922
Data Source	NSCH	NSCH
Data Source Year	2022_2023	2023_2024

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

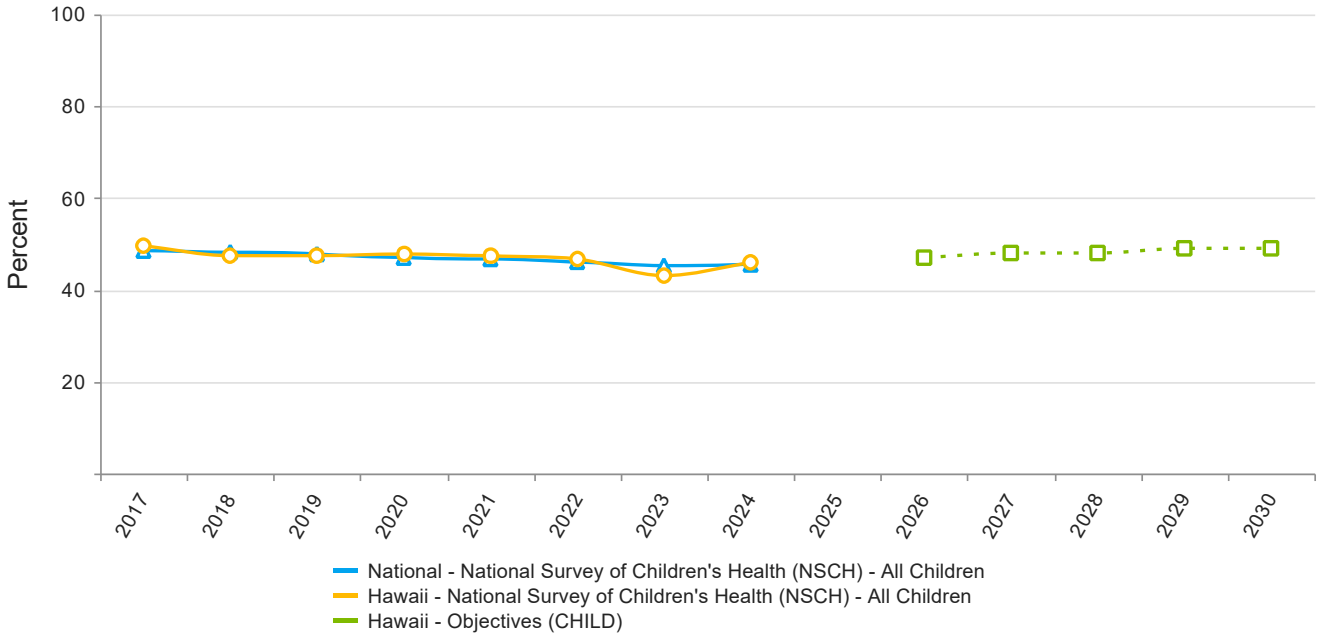
ESM FS.1 - The number of infants and children birth to 5 years of age enrolled in the WIC program.

Measure Status:	Active

State Provided Data		
	2024	2025
Annual Objective		
Annual Indicator	31,012	28,112
Numerator		
Denominator		
Data Source	Hawaii WIC Services Program	Hawaii WIC Services Program
Data Source Year	2024	2025
Provisional or Final ?	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**	**2025**
Annual Objective			
Annual Indicator	46.6	43.1	46.0
Numerator	138,882	128,417	134,847
Denominator	297,934	298,004	293,114
Data Source	NSCH-All Children	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023	2023_2024

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	2025
Annual Objective		
Annual Indicator	No	No
Numerator		
Denominator		
Data Source	Title V Children with Special Health Needs Branch	Title V Children with Special Health Needs Branch
Data Source Year	2024	2025
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	5.4	5	4.9	4.9	4.8
Annual Indicator	5	5.8	5	3.3	3.6
Numerator	508	587	481	306	334
Denominator	101,271	100,421	96,580	93,878	92,815
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	2020	2021	2022	2023	2024
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 to 42.0% the percentage of children, ages 9 months through 35 months, who receive a developmental screening.

Data: Aggregated data from 2023-2024 indicates that the percentage of Hawaii children, ages 9 months to 35 months (39.4%), did not meet the 2025 state objective (42.0%). However, the percentage screened was closely comparable to both the 2024 Hawaii indicator and the national estimate of 35.6%. Due to the small sample size, results for this measure are not definitive. The related Healthy People 2030 objective for developmental screening (35.8%) was met. It was not possible to determine statistically significant differences in reported subgroups by health insurance status, household income, nativity, federal race/ethnicity groups, or gender due to the small sample size.

Objectives: Based on 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 remained a high 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 rests with the Children with Special Health Needs Branch's (CSHNB) Early Childhood Program and Hi'ilei Developmental Screening Program coordinator positions, both of which are state-funded positions. Title V does not directly fund developmental screening program staff or screening activities, but it does support program management, epidemiology, data collection and analysis, and administrative functions, which contribute significantly to the work of this NPM.

Staff from the CSHNB's Substance Abuse and Mental Health Services Administration (SAMHSA) Project *Linking Actions for Unmet Needs in Children's Health* (LAUNCH) grant assist with developmental screening efforts. Screening young children and identifying developmental or mental health concerns are primary objectives of the grant. Additionally, the CSHNB Early Childhood Program Coordinator contributes to statewide infrastructure development to strengthen the delivery of developmental screenings and referrals.

Partnerships: There is historically strong collaboration among state agencies and community stakeholders, who are all 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 to ensure that children are appropriately referred to needed services or supports once a concern is identified.

Developmental screening is also identified as a priority area in several key state plans, including:

- The 2025–2030 Hawaii Early Childhood State Plan, which includes a goal to increase access to comprehensive healthcare that includes **screening** and community-level support; as well as an action plan to increase the number of children who receive screening and referrals for follow-up services.
- Early Childhood Action Strategy (ECAS), Hawaii Community Foundation (HCF), and DOH's Infant and Early Childhood Behavioral Health Plan.
- Maui County's plan for the early childhood collective impact team, *Kākou 4 Keiki (K4K) (Hawaiian translation: All of us [together] for children)*, which was formerly supported by a HRSA Early Childhood

Comprehensive Systems (ECCS) grant.

Strategies/Evidence: Hawaii focuses on three developmental screening strategies, using systems-level approaches based on the following guidance:

- 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. 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's (CDC) *Learn the Signs. Act Early.* developmental surveillance checklists outline evidence-based milestones that most children are anticipated to reach by certain ages. These tools are designed to support clinicians who are monitoring development, as well as inform decisions about when to conduct screenings in alignment with the program's age-based recommendations.
- The federal Administration for Children and Families (ACF) Child Care and Development Block Grant Act of 2014 advises 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.

Current developmental screening strategies are:

- Develop and improve services infrastructure to better coordinate developmental screening efforts
- Improve developmental screening data
- Build the capacity of the Hiʻilei Program to increase developmental screening and referral efforts for young children

The ESM DS 2 focuses on strategies to build the CSHNB Hiʻilei Program.

Hawaii works with a range of early childhood and healthcare programs, in order to ensure that national developmental screening standards are implemented. Recent research compiled by the Association of Maternal and Child Health Programs (AMCHP) and the Maternal and Child Health (MCH) Evidence Center indicates that there is evidence-based support for training healthcare providers on developmental screening and 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, *K4K*, and other initiatives.

Updates for FY 2025 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 rates of child developmental screening. Hawaii healthcare and early childhood sectors are essential partners in ensuring that the four stages of developmental screening - screening, referral, services, and support—are fully implemented. Some of these key partners are highlighted below.

Project LAUNCH: CSHNB continued 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 to identify and address behavioral concerns before they develop into serious emotional disorders (SED).

In March 2025, the Coordinator and Evaluator positions for *Project LAUNCH* were filled. Their primary responsibilities include implementing, overseeing, and evaluating SAMHSA deliverables, such as screening and referral activities for developmental and behavioral concerns. Both staff completed training in the *ASQ®-3* and

ASQ®:SE-2 and have been working closely with the Hi'ilei Developmental Screening Program Coordinator to support outreach events and to explore community needs related to access to screening. They have also been finalizing the Project LAUNCH Screening and Referral Playbook, which provides guidelines and resources on developmental and behavioral screening tools, including the *ASQ®-3*, *ASQ®:SE-2*, SWYC, Pediatric Symptom Checklist, and the Patient Health Questionnaire-9 (PHQ-9).

Medicaid EPSDT Stakeholders: In early 2025, CSHNB began partnering with the State Medicaid Program (Med-QUEST) to collaboratively 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. These meetings also strengthen collaboration to improve programs and services for children and families, including screenings, referrals, and follow-up.

CSHNB Strategic Plan: CSHNB began implementation of its 2025-2030 Strategic Plan, which aligns with the components of the National Framework for CYSHCN. It outlines a comprehensive, coordinated approach to improving services and supports for Children and Youth with Special Health Care Needs (CYSHCN) across the state. CSHNB staff are developing and defining operational plans designed to implement and deliver strategic objectives for each of the programs within CSHNB, including developmental screening efforts.

Preschool Development Grant Birth through Five (PDG B-5): The University of Hawaii P-20 initiative and the Executive Office on Early Learning (EOEL) managed the PDG B-5, which supports efforts to enhance the early childhood system and improve children's access to high-quality early care and education. One of the activities of this grant includes promoting 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) and 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 2024 school year.

Additionally, beginning in early 2025, the PDG B-5 team also started work on developing the 2025–2030 Hawaii Early Childhood State Plan, which provides a statewide roadmap for ensuring that all children and families have the resources, opportunities, and support needed to thrive. CSHNB's Early Childhood Coordinator served on the State Plan Steering Committee, which provided strategic oversight and cross-sector guidance for the State Plan. CSHNB's Hi'ilei Developmental Screening Program Coordinator also participated on the Building Block 1 Committee, which served as the core content and decision-making body for the Child and Family Health, Safety, and Well-Being focus area within the State Plan.

The Survey of Well-being of Young Children (SWYC): DOH and Med-QUEST continued to promote the use of the SWYC, which was added to the national AAP list of validated screening tools. SWYC is a free tool that assesses behavioral and family well-being, including key community health factors. Referrals generated through SWYC may extend beyond services covered by IDEA Part C (EI services) or Department of Education developmental services. Hawaii continues to collaborate with partners to support broad adoption and full utilization of this tool, which improves the identification of young children and their families' socioeconomic needs. This effort also strengthens cross-sector support to meet these needs more effectively and efficiently.

CSHNB continues to update and maintain a SWYC Resource List, as needed, 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 both the Med-QUEST and DOH websites: https://health.hawaii.gov/cshcn/resourcelists/.

ECCS HIPP and ECDHS Grants: In 2025, ECCS HIPP continued to center family voices in efforts to strengthen and integrate 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 in the pediatric waiting room of a Maui Federally Qualified Health Center (FQHC). The kiosk offered *Ages and Stages Questionnaires*® to all children five years old and younger, two days a week. Designed to ensure that all young children are screened and connected to appropriate resources, the kiosk also supported an intake–referral–feedback loop considered essential for integrating services across pediatric care, maternal and infant health, and early childhood systems. This initiative project has strengthened connections among families, healthcare providers, and early childhood services within this Maui County community-based setting.

Child Care Development Fund (CCDF): The CCDF, which is administered by DHS, helps families access childcare and supports in high-quality early childhood settings where developmental screening is a key component. States must give families and providers accessible information on developmental and behavioral screenings, including resources and referrals for children with potential delays. CCDF and Title V share the goal of promoting early identification of developmental concerns—CCDF by equipping childcare providers and families, and Title V by strengthening public health systems and referral pathways. DOH continues to partner with DHS in the development of materials for childcare providers and families in the Hiʻilei Program, as well as other developmental screening resources, trainings, and activities, as needed.

Strategy 2: Improve developmental screening data

This strategy focused on obtaining more accurate and comprehensive population-based developmental screening data to better identify at-risk populations.

NSCH Data: Initially, Hawaii explored working with the National Survey of Children's Health (NSCH) data; however, the available datasets do not align with the Hawaii Title V efforts, which focus specifically on childcare and healthcare providers. The NSCH survey question is limited to screenings conducted in healthcare settings, reducing its relevance for broader system-level work. Additionally, the NSCH's utility for Hawaii is limited because it does not collect detailed race/ethnicity data reflective of the state's predominantly Asian, Native Hawaiian, and Pacific Islander populations. The survey also lacks county-level information needed to better target program efforts. Subgroup data based on social drivers of health are further constrained due to small sample size. As a result, Hawaii has chosen instead to explore other state-level data sources.

Medicaid EPSDT Data: Although Med-QUEST reports on the Centers for Medicare and Medicaid Services (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 utilizing CMS 416 EPSDT reporting data, as shown below. The 2023 data is the latest available data.

Table 1. Data from CMS 416 FFY 2024

		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
7. Screening Ratio	CN:	0.79	1.00	1.00	0.92	0.64	0.68	0.62	0.26
Hawaii %	Total:	79%	100%	100%	92%	64%	68%	62%	26%

While Medicaid developmental screening data focuses on low-income children, subgroups data, including county-level and race/ethnicity information, is not yet available. However, Med-QUEST has been requesting that all pediatric providers complete a more detailed EPSDT visit form that specifically asks about the completion of child

developmental and other preventive screenings. Med-QUEST is also preparing the resulting dataset for analysis and plans to share this expanded data with DOH.

CSHNB continued to work with partners, including health 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 centers on expanding the CSHNB developmental screening program, Hi'ilei. Hi'ilei is a free resource for children ages birth to five years old, providing *ASQ®-3* developmental screenings and related information for families. CSHNB is currently evaluating the long-term direction of the program, specifically whether to continue expanding Hi'ilei as a direct/enabling service or to transition toward a systems-level approach centered on core public health functions. During this evaluation period, program initiatives were largely paused, resulting in reduced ESM service numbers.

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	37.0			

ASQ®-3 and *ASQ®:SE-2* Training: In March 2025, several CSHNB staff completed the *ASQ®-3* and *ASQ®:SE-2* trainings, which included education on the use of the *ASQ®-3* and *ASQ®:SE-2* screens; how to interpret screening results and relay feedback; and how to access needed resources for families. Trainees also had the opportunity to participate within an ongoing Community of Practice.

Outreach: From July through September 2025, the Hi'ilei Developmental Screening Program Coordinator participated in several community early childhood resource fairs to increase awareness of and access to the Hi'ilei Program among families and providers that work with families and young children.

CSHNB Strategic Plan: In May 2025, CSHNB convened a Strategic Planning Meeting for all staff. As part of the meeting, time was allotted for each program to meet in smaller groups. The Hi'ilei Developmental Screening Program Coordinator participated in a group that included pertinent staff and community partners. The group focused on reviewing and discussing opportunities on ways to expand the Hi'ilei Program to better meet community needs.

Current Year Highlights for FY 2026 (10/1/2025 – present)

Maui Early Childhood Wellness Campaign: DOH staff have continued to be available to attend Maui community resource fairs, to share information on available programs and services that support and promote optimal early childhood. DOH also focused efforts on Maui's healthcare providers who are caring for young children and their families, and who may have experienced Maui wildfire-related trauma. CSHNB is planning to host a convening on Maui in the summer of 2026 that will focus on helping to further strengthen the network for mental health services and resources, including increasing access to developmental screening services.

Project LAUNCH: The focus of *Project LAUNCH* includes the development of community hubs that are designed to serve as safe, accessible spaces where families can connect with needed programs and services within their community. These hubs are envisioned as centralized locations, where developmental screenings and referrals can be conducted; family and parenting workshops on resilience and child development can be offered; and information about early childhood programs and health services can be shared. The co-location of services is intended to

support comprehensive wellness and promote the integration of primary care, mental health, and early childhood services to better address the needs of children and families.

In 2026, *Project LAUNCH* established one community hub in each county (4) across the state. *Project LAUNCH* partnered with existing community organizations already providing information and services and is supporting them by offering workshops, screenings, and referrals for client families at their sites.

MCH Workforce Development Center (WDC) 2026 Skills Institute: CSHNB was selected to participate in the WDC Skills Building Institute partnership with Title V leadership, with a focus on developmental screening and medical home priorities. The Institute's theme, *"Grow Your Title V Impact through Strategic Partnerships,"* aligns well with this focus. The Hawaii team will also include a representative from the *K4K* program, which launched the developmental screening kiosk at a Maui FQHC pediatric clinic site. Because developmental screening usually occurs within the child's medical home, the issue leaders hope to collaborate on strategy design with clinical care provider partners. The team plans to use the CSHNB Strategic Plan as a guide for strategy development.

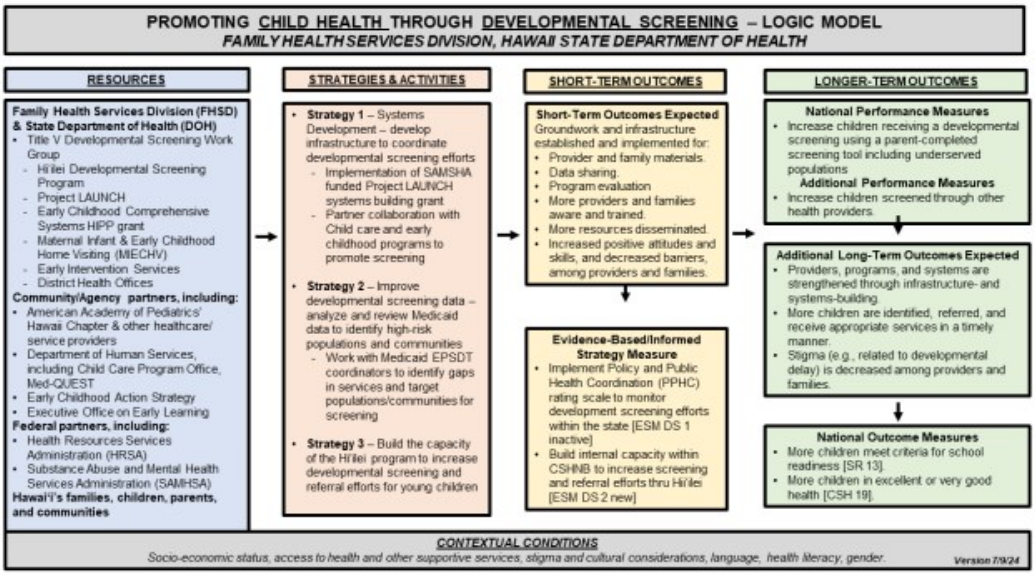
ECCS SEED Project: Scaling Effective Early Childhood Systems Development: Title V's EC staff are engaging Title V program staff and community partners in efforts to submit an application for the ECCS SEED Project. The proposed project aims to address root causes of chronic disease in early childhood by improving access to health care, ensuring early physical and mental health screening and connecting parents with needed supportive services. It would also partner with state and community entities, using evidence-based strategies that enhance access to quality prenatal-to-age-5 (P-5) care and promote healthy child development and family well-being.

Early Childhood Action Strategy (ECAS) Team 3 Screening Convening: In February 2026, the ECAS Team 3 (On Track Health & Development) hosted a convening of various state and community partners to review existing screening efforts and initiatives and begin discussions around designing new screening pathways. CSHNB participated in the convening, and the information gathered will be used to help guide future CSHNB programs in strengthening existing screening efforts and initiatives, as well as identifying and addressing gaps in services.

Preschool Development Grant Community Data Collection Initiative: The PDG advisory committee is exploring a possible pilot project designed to collect and analyze developmental screening data from Hawaii Island childcare providers. The pilot will examine how providers are currently collecting screening data, conduct an initial demographic analysis, and review screening results to better understand island-specific trends and practices.

Review of Action Plan

The logic model for Title V NPM DS includes the new focus to expand the Hi'ilei Program's capacity to help identify and fill in system gaps. The strategies reflect a blend of 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 identifying and addressing identified systemic issues and challenges.



Challenges Encountered

Challenges relating to developmental screening continue in several key areas.

Lack of Coordination: Although referral and intake coordination has improved, additional infrastructure is needed to fully integrate services. *Project LAUNCH* has been working with key partners to explore a universal parental consent form, which would streamline processes by requiring families to complete just one form. Growing interest among key stakeholders in a more coordinated cross-sector intake and referral system has largely emerged in response to this statewide challenge.

Low Utilization of Hi'ilei: Although the program was developed in 2013 to support children who might not qualify for the DOH Early Intervention Section and to provide parents with accessible developmental information, family utilization of Hi'ilei remains low. Outreach and promotional efforts have not yet resulted in significant increases in enrollment. While Hi'ilei is offered as a key resource for families transitioning out of EIS, only a portion of families choose to participate. This remains an evaluative concern for CSHNB, which recognizes the importance of maintaining the service despite current low utilization.

Hi'ilei Program Capacity Limitations: As noted previously, CSHNB is reassessing the program's direction, specifically whether to continue expanding Hi'ilei as a direct/enabling service or shift the focus toward a systems-level function. The program is currently managed primarily by one staff member—the Hi'ilei Developmental Screening Program Coordinator—who also carries additional CSHNB responsibilities and is occasionally redeployed to support other sections due to existing staff vacancies. CSHNB continues to assess program needs while adjusting staffing and priorities to optimize operations and maximize capacity.

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 collaborating to promote the importance of developmental screening, encourage the use of validated, evidence-based screening tools, and ensure that screenings are paired with appropriate referral processes—including timely communication with the child's medical home. This ongoing collaboration is strengthening efforts to create a more seamless and accessible developmental screening and referral system.

Pediatric Providers/Early Childhood Partnership: Over the years, Title V has developed and sustained key partnerships, including with pediatric providers in the AAP-Hawaii Chapter, particularly the Hawaii CDC Act Early

Ambassador, Dr. Jeffrey Okamoto. Title V also continues to collaborate with the Med-QUEST to better reach and support at-risk populations. Programs such as MIECHV and other early childhood initiatives that conduct developmental screenings also contribute to collective statewide efforts. Through strong collaboration with early childhood providers, statewide partners continue to strengthen and align systems to improve developmental screening practices, enhance information sharing with each child's medical home, and promote the use of standardized tools across early childhood programs and well-child visits. These efforts help ensure that children receive timely, accessible screening, ongoing monitoring, and appropriate follow-up.

Data: Title V will continue collaborating with Med-QUEST, the Hawaii Medicaid program, to obtain disaggregated developmental screening data that better describes and supports strategies aimed at increasing screening rates. Although approximately 40% of Hawaii children are insured through Med-QUEST, efforts must also address the remaining 60% of children who are privately insured or uninsured. Once available, detailed EPSDT office visit data reported to MQD by pediatric providers will offer further important insights into child health status and provider performance.

SPM 1 - Rate of confirmed child abuse and neglect cases per 1,000 children ages 0 to 5 years.

Introduction: Child Abuse and Neglect Prevention

Family violence is a complex issue with multiple contributing factors that require a broad systems approach that coordinates prevention programs and the full continuum of direct services from primary prevention through tertiary intervention. The 2020 Title V Hawaii needs assessment identified Child Abuse and Neglect (CAN) prevention as an ongoing priority within the Child Domain, reaffirming that child maltreatment remains a significant concern statewide.

Data: The latest data for confirmed child abuse cases is from the annual State Child Abuse and Neglect Report, which is compiled by the State Department of Human Services (DHS). Characteristics for FY 2024 identified cases reflect that:

- Cases for children ages 0–5 years represent 36.2% of all reported confirmed cases, making this age group the largest in terms of confirmed cases.
- Hawaiian/Part Hawaiian (36.1%) children continued to be overrepresented among confirmed CAN cases for all age groups. This is largely attributed to historic and systemic racism, unfavorable socioeconomic factors, historical discrimination policies and practices, as well as widespread poverty.
- The second largest racial/ethnic group represented in this data were white children (22.2%).

A broad range of child abuse and neglect was reflected in the 2023 data, with threatened harm emerging as the most common mistreatment, followed by neglect, physical abuse, and sexual abuse.

In 2024, the most frequently reported **precipitating factors** of abuse or neglect of children of all ages were identified as:

- An inability to cope with parenting responsibility (74.1%)
- Unacceptable child-rearing methods (75.5%)
- Drug abuse by adults in household (25.4%)

More than one precipitating factor might have been reported for each case.

Objectives: After reviewing the 2020 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 additional programs such as Sexual Violence Prevention, 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 staff has been an ongoing issue, dating back prior to October 2022. While Title V does not directly fund CAN prevention activities, it does support key staff positions related to the program's administrative infrastructure, including MCH Branch support staff such as the research statistician.

CANP-P: 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 varied populations to effectively prevent and treat CAN in at-risk families

Strategies: CAN are complex problems rooted in social and community barriers, inadequate parenting skills, unhealthy relationships, and unstable environments. Preventing CAN requires simultaneously addressing multiple levels of individual, relational, community, and societal factors. CAN strategies were selected to reflect a public health systems-building 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 CAN, and foster appreciation and knowledge of varied populations.
- Provide parent supports and education through a range of evidence-based parenting and family support programs, including home visiting.

Evidence: While CAN prevention is not a Title V national priority, recent research presented by the MCH Evidence Center—drawing on the Child Safety Network—supports the state's cross-cutting strategies that leverage partnerships to better establish and strengthen evidence-based and evidence-informed CAN programs and practices. The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which is central to FHSD's parenting support initiatives, uses evidence-based approaches to effectively prevent and address CAN.

Updates for 2025 on the three strategies follow. Because adequate CAN program staffing remains a persistent issue, some planned or anticipated activities may be delayed or postponed.

Strategy 1: Support the collaboration and integration of family strengthening and child maltreatment prevention programs across federal, state, local, and private programs and organizations

Community needs related to Child Abuse and Neglect (CAN) span the full-service spectrum, including universal primary prevention supports for at-risk families, targeted secondary prevention strategies, and continued improvements to the child welfare service system. These needs highlight the essential public health role in coordinating prevention efforts, aligning partners across the service continuum, and strengthening systems that promote safe, stable, and nurturing environments for at-risk children and families across Hawaii.

This strategy emphasizes the key system partnerships that are supported by CAN-P to ensure that a coordinated, statewide network of services that both prevent and address CAN exists. The partnership model is grounded in state, local, and community programs that work to align their respective responsibilities, strengths, and expertise to reduce and prevent CAN, while building stronger, safer, and more resilient families and communities. Interagency collaboration efforts include public health, child welfare, education, early childhood service providers, law enforcement, health care providers, and other public and private organizations. Collectively, these collaborative partners strengthen and support at-risk families by addressing the specific needs of children and their parents/caregivers with a range of tailored interventions. A list of the key CAN-P partner agencies and programs follows.

Department of Human Services (DHS): DHS is a key partner for DOH in providing state 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, which is carried out primarily via a range of family-strengthening services and supports.

The CANP-P partnered with DHS and others to develop and implement an updated State Child and Family Services Plan (CFSP). Efforts under this plan focus 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 ʻOhana Visitation Time System of Care model (“ʻOhana” 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 towards developing a system of community-based Family Resource Centers (FRC). The FRC program is located within DHS and coordinates CAN-related services and care across state departments and private providers. The FRCs are community-based multiresource hubs where families can access a wide range of support services to promote and support personal, child, and family health and well-being. FRCs are seen as an innovative and crucial community-based intervention that helps to prevent and address CAN, while simultaneously strengthening families.

FRCs have been shown to be effective in connecting families to services, strengthening interpersonal and community-level coordination, improving connections to resources and support systems, and increasing healthy family engagement. National research has demonstrated that FRCs have helped lower rates of CAN cases, reduce the number of children entering foster care, and decrease parent unemployment.

The new FRC program is designed to ensure that community- and school-based FRCs work in coordination as a statewide network via the establishment of universal FRC practice/training standards, as well as the development of standardized referral/data protocols to better serve its families.

CAN-P has assisted in this effort by providing training/technical assistance for the four DOE school-based centers that are currently established on Oahu. It also participates in 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 conducted through a statewide coalition, an advisory board (AB), and an advisory committee (AC) to ensure that broad community input is incorporated. MCHB provides contractual funding to support staffing for HCTF and also participates as an active member.

Community Based Services: Roughly $300,000 of the $1M Hawaii received in American Rescue Plan Act (ARPA) CBCAP funds in 2022 was contracted out to continue to support and sustain CAN prevention activities via community organizations statewide. The funds were intended to focus on preventing family violence, while also supporting ongoing family strengthening and resiliency efforts. These contracts included support for the Maui CAN Prevention Coalition, as well as the Hoʻoikaika Partnership.

These community service programs included:

- Community-based public awareness events and family fun activities
- Development of educational materials to better support family resiliency, as well as mental health information
- New parent support classes designed for families with newborns
- Neighbor Island coalition building, focusing on family and violence prevention
- Media campaigns that promoted available family support services, as well as family resiliency messages

Funds were allocated to community organizations in all counties to support CAN prevention strategies in collaboration with county public and private partners. CAN prevention initiatives continue to focus on at-risk populations, including families with children who have disabilities; families experiencing homelessness or at risk of homelessness; Native Hawaiian and Pacific Islander families; and families residing in homeless or treatment shelters or in public housing. These CBCAP efforts were supplemented with an additional $200,000 in state general funds.

New State Funding for Family Support: To reduce the number of confirmed CAN cases each year, early childhood community providers and advocates successfully secured funding in the 2025 state legislative session to expand Peer-to-Peer Family Support programs. These programs aim to connect families to useful community resources; promote healthy parenting practices; support families that are affected by substance use and/or child welfare involvement; and strengthen protective factors that contribute to long-term family stability and optimal child well-being.

Legislators endorsed this evidence-informed approach as a strategic investment in families with young children - one expected to generate long-term savings while providing the state's children with a strong foundation for their lifespan. The 2025 Legislature approved two new state positions to administer the initiative, along with $660,000 for service contracts to expand program availability. This program is administered by the MCH Branch, which will oversee program management and implementation, coordination with community partners, and ongoing evaluation to ensure that families receive quality, community-grounded support.

Na Leo Kane: Translated in the Hawaiian language as the “Voices of Men,” this group is an initiative that is spearheaded by the MCHB Family Strengthening and Violence Prevention Unit. Its goal is to empower men and boys across Hawaii to increase personal and collective awareness about family/personal violence, while supporting healthier individual behaviors. This collaborative effort intends to engage businesses, parents, coaches, educators, and youth to redefine more traditional notions of masculinity to promote healthy relationships that are rooted in the spirit of Aloha.

Recognizing the vital role that fathers play in child development, Na Leo Kane emphasizes the importance and significance of active and engaged fatherhood in fostering social, emotional, cognitive, and physical growth in children. Research underscores the fact that a father’s involvement from early stages profoundly impacts their child’s well-being and healthy development.

Moreover, the initiative reinforces concepts from the Relationship Literacy Program, which was developed by Brian Alston. It is a community-grounded program model that equips its participants with practical skills for building healthy family dynamics and nurturing positive relationships. Na Leo Kane offers personalized support through trained facilitators who utilize concepts from such evidence-based programs as the Nurturing Fathers Program and 24/7 Dads. These training and educational sessions provide practical tools for men in enhancing family relationships and promoting child development. Along with other 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, which offers essential support and resources to men and bolstered by parenting support initiatives.

Strategy 2: Provide training and technical assistance to community-based, prevention-focused programs to strengthen and support at-risk families to reduce the likelihood of child abuse and neglect

This strategy focuses on sponsoring and supporting provider-based workforce and community trainings, conferences, and professional development opportunities for Child Abuse and Neglect (CAN) staff and community partners. The DOH training and technical assistance initiatives are designed to meet an array of community needs. Through national and local events, this training and educational effort aims to cultivate personal and family

resilience and promote trauma-informed care to prevent all forms of violence.

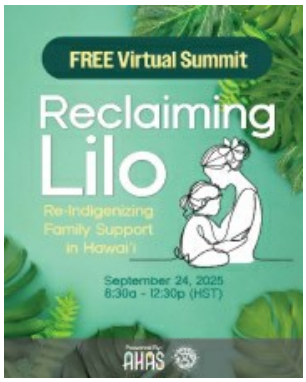
Statewide Coordination for CAN Awareness Month: MCHB contracted the Hawaii Chapter of Prevent Child Abuse America to plan, support, and coordinate statewide activities for CAN Prevention Month in April 2025. The Hawaii Children's Action Network (HCAN) convened the statewide network of CAN prevention coalitions and family-support nonprofits to develop a coordinated calendar of events and activities across all islands, supported through grant funding and technical assistance.

Activities included family resource fairs, community outreach, media messaging, government recognition (mayoral and county council proclamations), youth engagement efforts, and distribution of educational materials. This year's efforts placed special emphasis on addressing essential family needs by providing groceries, diapers, slippers, backpacks, school supplies, and other tangible support to help alleviate family and parental stress associated with increasing economic hardships.

The statewide networking strengthened partnerships, expanded resource sharing, and enhanced community-level awareness efforts to prevent and address CAN. Particular focus was placed on reaching rural and at-risk communities, as well as populations disproportionately impacted by socioeconomic structural issues.

Trainings: In response to a request by the Hawaii Children's Trust Fund (HCTF) Coalition, HCAN delivered a training series on improving health outcomes and child welfare, with particular attention to systems change, to reduce the overrepresentation of Native Hawaiian and Pacific Islander children and families in foster care. HCAN worked closely with community partners to develop and implement these trainings.

Integrating Hawaiian Values: The September 2025 Reclaiming Lilo Summit was a one-day, statewide virtual convening of more than 250 health professionals, educators, social service providers, cultural practitioners, and community leaders. Designed to strengthen family support through culture, resilience, and storytelling, the summit aimed to strengthen personal and family protective factors through Hawaiian practices; amplify family and youth leadership; build cross-sector collaboration across health, education, justice, and cultural sectors; and increase cultural understanding among professionals, in alignment with CBCAP requirements.



The event included best practices for cultural protocol, keynote CAN presentations, workshops, and art and wellness activities. Participants explored themes of historical trauma, resilience, community healing, and cross-sector collaboration. Key planning activities included listening sessions with caregivers, practitioners, and community leaders to shape CAN priorities, as well noted presenters with expertise in prevention, culture, and family support.

Participant feedback and evaluation data indicates that the summit strengthened reflection, connection, and cultural understanding, while fostering a network of practices and relationships that will continue to support and sustain family and community well-being.

Virtual Safe Sleep Summit: In June 2025, DOH hosted a Virtual Safe Sleep Summit attended by over 140 people. The summit allowed providers and community partners to share updated information and resources, hear from keynote speakers, and network with one another. More information on the event is provided in the Safe Sleep Title V narrative.

Peer Support Training: MCHB funds the Parent Café via HCAN, which is a model designed to promote protective factors that strengthen families and help to 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 in order 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.

In FY 2025, 29 Parent Café sessions were conducted, ultimately reaching 81 parents/caregivers and recruiting 6 new parent leaders. The sessions were designed to reach parents who were enduring personal and family hardships, including those working toward reunification with their children.

Institute on Violence, Abuse & Trauma (IVAT) Conference: MCHB served as one of the lead co-sponsors for the annual 2025 IVAT conference. This year's theme was *The Power of Connections: Uniting Communities for Action Preventing, Assessing, and Treating Trauma Across the Lifespan.* Over 1,550 attended the conference, which offered an array of local, national and international presentations. Topics included violence, abuse, and trauma service models; new research and evidence-based practices; intimate partner violence; suicide prevention; recovery and healing; service gaps and disparities; and cultural and restorative approaches to well-being.

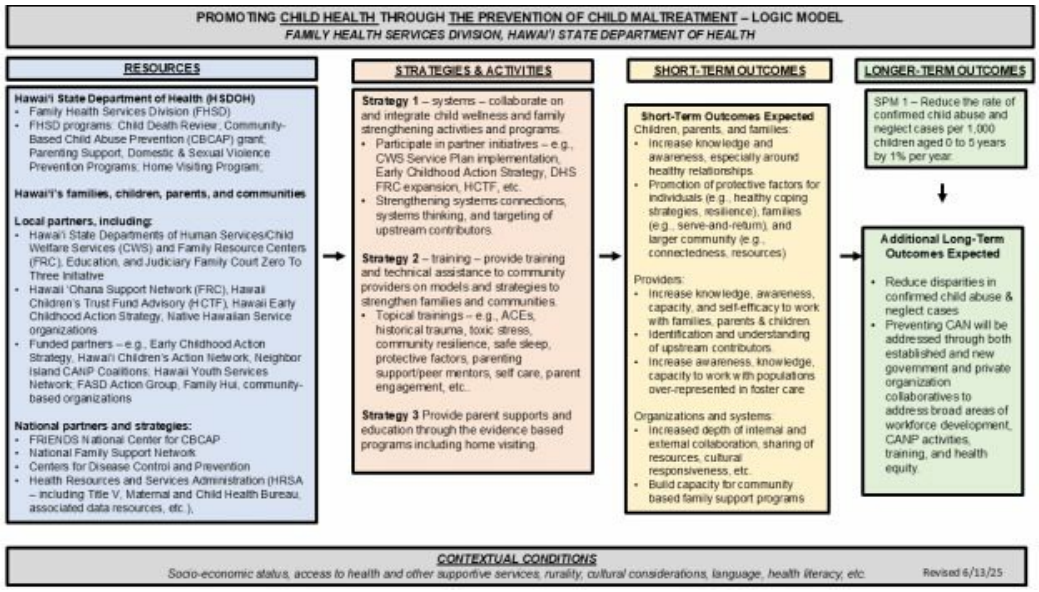
Strategy 3: Provide parent supports and education through the evidence-based home visiting programs

MIECHV. Home visiting continues to serve as an important primary prevention strategy for reducing and preventing CAN. These services support pregnant mothers and new parents by promoting infant and child health, while strengthening protective factors such as parental and family resilience, social connections, and knowledge of parenting practices 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, Hawaii's MIECHV-funded programs served a total of 489 Hawaii families and 532 children through 8,105 home visits.

Contracts were implemented to expand MIECHV home visiting services in specific communities, as well as to provide full island coverage across all Neighbor Island service areas beginning July 2025. In order to strengthen service quality and effectiveness, infant and early childhood mental health consultation services were 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 greater workforce capacity, extend geographic reach, and help ensure consistent implementation of prevention strategies that promote healthy child development while reducing the risk of child maltreatment.

Review of Action Plan

The CANP logic model provides an overview of the strategic approach to prevent CAN. The systemic effort cannot be addressed as a standalone public health concern, which instead incorporates an array of public partners/resources to address CAN in Hawaii. The logic model also confirms the importance of acknowledging and addressing complex and interrelated contextual conditions that impact and influence CAN, either negatively or positively, in tandem with programs that specifically target family violence prevention.



Challenges Encountered

Many of the challenges in addressing Child Abuse and Neglect (CAN) in Hawaii are similar to those seen in other CAN program efforts nationwide.

Family Stressors & Economic Hardships: Families in Hawaii face significant chronic financial stress, largely due to the state's extremely high cost of living. Many parents work long hours or hold multiple jobs just to meet basic needs, reducing the time and energy they can devote to family caregiving. The signs and consequences typically evident with family stress and violence are attributed to underemployment, unemployment, a lack of affordable quality childcare, unaffordable or limited housing, and sustained financial insecurity.

System Fragmentation: Family violence is a complex issue that is shaped by multiple social, economic, and environmental factors, requiring coordinated action across the broader service system. Despite Hawaii's strong cultural emphasis on family and the presence of many programs that support children and caregivers, coordination across schools, healthcare providers, community organizations, and child welfare agencies remains challenging. These systems often function independently, resulting in gaps in client and provider communication, as well as missed opportunities for early intervention. As a result, families may not receive support until concerns escalate alarmingly, which makes the intervention dynamics problematic to address.

This fragmentation underscores the need for strengthened and continuous cross-sector collaboration, shared CAN goals, and integrated approaches that improve continuity of services for children and families who are experiencing, or at risk for, violence.

Cultural Barriers and Misunderstandings: The uniquely varied cultural landscape, including Native Hawaiian, Pacific Islander, Asian, and immigrant communities, creates both strengths and challenges for service providers. Island families often hold differing beliefs about child-rearing, discipline, family roles, and privacy that may not align with evidence-based service models. These differences can lead to unintentional misunderstandings and disconnects between caregivers and professionals.

Also, some families may be hesitant to engage with services due to past experiences of discrimination, fear of being misunderstood, or concerns that providers may not respect their unique values, language, or traditional practices. Without adequate training in community-grounded communication, providers may misinterpret behaviors, overlook distinctive communication styles, or struggle to build trust. As a result, critical information relating to needs may be missed, and opportunities to better support families may not occur as they should.

CAN-P Vacancy: The MCHB continues to face significant challenges in recruiting and retaining experienced staff with the systems-level skills required to effectively lead the CAN-P program and manage the CBCAP grant, a position that has remained vacant for nearly two years. This role requires the ability to navigate complex interagency systems, coordinate multisector partnerships, interpret federal requirements, and guide statewide prevention strategies. The limited pool of candidates with this combination of technical expertise, program management experience, and systems-thinking capacity remains an ongoing challenge in filling this crucial position.

Workforce Shortages: Staffing shortages are a pervasive problem through the Hawaii state services system. The Hawaii Children's Trust Fund Coalition members recently participated in a workforce development/training survey. The survey findings confirmed that widespread and common staff-related recruitment and retention challenges continue, including;

- Job applicants often lacked the necessary position-related credentials to qualify for consideration.
- Low starting state salary levels did not attract more experienced and qualified applicants.
- Staff workload stress has steadily grown due to the number of staff vacancies within agencies.
- Required use of hybrid virtual work scheduling did not always support staff needs.
- Staff identified a lack of professional development and career pathway opportunities for current workers.

In response to these challenges, some organizations have expanded professional development trainings and widely co-share position recruitment announcements. The DHS/CWS also recently expanded online learning opportunities for their staff.

Overall Impact

Key CANP-P 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 DHS, DOE, and DOH 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.

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. By July 2030, the state seeks to increase the percentage of children ages 9 months through 35 months who receive a developmental screening to 43.0%. Objectives were revised to reflect findings from the 2025 Hawaii needs assessment.

The FY 2027 strategies were slightly revised. The strategy related to developmental screening data was removed to prioritize systems building efforts and program development for the CSHNB Hi‘ilei Program.

Hawaii will continue to focus on the strategy measure that expands the Hi‘ilei Program as the primary DOH conduit to support developmental screenings to families, as well as a complement to screenings conducted via the child’s medical home.

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 was developed from the strategic plan for the federal Preschool Development Grant Birth through Five (PDG B-5), as well as the Child Care Development Fund (CCDF) State Plan.

Project LAUNCH: CSHNB will continue to work on implementing the *Project LAUNCH* grant that focuses on promoting developmental screening and other screens to identify children who may have developmental or behavioral concerns. The program also helps to ensure that families are referred to appropriate mental health services to help address and mitigate severe emotional disturbances (SED).

CSHNB Strategic Plan: CSHNB will continue to integrate a multilevel approach that incorporates data-driven decision-making, workforce capacity-building, policy advocacy, and partner engagement to support the success of the Strategic Plan. CSHNB programs will also continue to implement, evaluate, and update all related operational plans as needed. In addition, CSHNB staff are planning to strengthen connections across programs within the branch to help ensure that families with children with special health needs, particularly those who may be ineligible for or transitioning out of a program, continue to have access to the support they need.

Strategy 2: Build the capacity of the Hi‘ilei program to increase developmental screening and referral efforts for young children

Hi‘ilei Program: CSHNB is currently evaluating the long-term direction of the Hi’ilei program, specifically whether to continue expanding Hi’ilei as a direct/enabling service or to transition toward a systems-level approach centered on core public health functions. During this evaluation period, program outreach and promotion are largely paused; however, free developmental screenings services are available.

CSHNB continues to consider adding the *Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2)* to the Hi‘ilei Program if system partners deem this a critical service. The *ASQ®:SE-2* focuses exclusively on social-emotional behaviors and helps to identify children who may be at risk for social or emotional difficulties, highlight caregiver concerns, and determine the need for further assessment. Social-emotional skills are

an important part of child development and behavioral/social/emotional screening is recommended by the AAP at every well-child visit from birth through age 21. Expanding the Hi'ilei Program to include the *ASQ®:SE-2* will provide families with children under age 6 with direct access to the tool, along with recommended information, resources, and support from the program.

Project LAUNCH. The Hi'ilei Developmental Screening Program Coordinator will be working closely with the *Project LAUNCH* Coordinator to explore opportunities to expand Hi'ilei, further supporting systems-level screening efforts. Their work will focus on strengthening partnerships; building on ideas shared during the ECAS Screening Convening regarding ideal screening pathways; and discussing solutions to the current lack of a reliable population-based data source.

Early Childhood Action Strategy (ECAS). The Hi'ilei Developmental Screening Program Coordinator will continue participating in the regularly scheduled ECAS meetings. These meetings provide a collaborative space to connect, share expertise, and coordinate efforts that support the optimal development, health, and well-being of Hawaii's children and their families.

Partnerships: CSHNB will continue to partner and collaborate with medical, behavioral health, and mental health providers; early childhood providers; and community-based nonprofits that conduct developmental screenings, as well as other screening partners.

SPM 1 - Rate of confirmed child abuse and neglect cases per 1,000 children ages 0 to 5 years.

There are no future plans for SPM 1 at this time. In the Child Health domain, Hawaii will no longer prioritize Child Abuse and Neglect (CAN) prevention as a state priority. This shift is based on findings from the 2025 Title V Five-Year Needs Assessment, which identified other more critical priority areas of need.

Instead, Hawaii's Title V agency will reframe the issue to focus on a more upstream, primary prevention approach. This will entail integrating Family Health Services Division (FHSD) programs, services, and initiatives that strengthen family support systems while promoting family safety and well-being. Due to currently limited staff resources, FHSD plans to add this new State Performance Measure (SPM) later in the five-year project cycle.

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 the 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 focused on promoting and increasing WIC services/enrollment for eligible families.

In 2025, the Title V grant guidance created a new national performance measure (NPM) on food sufficiency for children. Hawaii is discontinuing its food insecurity SPM in FY 2025 and will shift to the new food sufficiency NPM beginning in FY 2026. Although the new NPM 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 NPM FS goal is: By July 2030, Hawaii will 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 presented below emerged from extensive collaborative work carried out by public and private sector partnerships that was funded by a Partnership for Children (PFC) grant, which 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 comprehensive data analysis, WIC intends to steadily increase the 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 four WIC Farmers' Market and Food Hub distribution pilot projects statewide were fully implemented in FY 2025 and are being 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 primary data and research activities planned to help identify programmatic barriers and challenges being experienced by WIC staff and the families they serve.

- Qualitative data collection is being planned for FY 2026 with WIC families, including focus groups with WIC clients and key informant interviews with providers.
- The collection and analysis of this new data will help assess client retention issues, with particular attention to key ethnic subpopulations: Native Hawaiian, Pacific Islander (including Micronesian and other COFA residents), and Filipino.
- Analysis of existing food redemption data will compare redeemed benefits to issued benefits to identify patterns, trends, or potential underutilization of WIC food benefits.
- Hawaii is anticipating its second year of participation in a national WIC client-centered survey. A statistical sample of Hawaii WIC clients will be surveyed regarding their satisfaction with the program and their perspectives on how WIC services can be improved. This national survey is designed to assess standardized approaches and operational practices across all WIC programs.

NPM Medical Home (MH): Percent of all children with and without special health care needs, ages 0-17, who have a medical home

For the Child Health domain, the 2024 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 2030, increase the percent of all children, ages 0-17, who have a medical home to 45.0%.

Strategies: This universal measure was selected as the primary NPM for CSHN population domain. Thus, strategies for this priority are focused on CSHN but will also benefit all children:

- Conduct an environmental scan of existing programs with care coordination services in Hawaii to best determine CSHNB's role in care coordination for children with and without special health needs.
- Conduct focus groups of staff and families to build understanding of the barriers and facilitators for families to access care coordination services to improve pediatric medical home outcomes.

Plans to address this objective and NPM are summarized below.

Strategy 1: Conduct an environmental scan of existing programs with care coordination services in Hawaii to best determine CSHNB's role in care coordination for children with special health needs.
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 (Department 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.

Title V staff working on this measure are participating in FHSD workforce training efforts to support completion of the Title V toolkit and related training materials. These resources will guide the necessary data collection and community engagement activities required to select detailed strategies and develop workplans for the 2026–2030 project period.

This effort also includes completing and sharing the 2025 needs assessment findings, which will directly inform strategy development and workplan design for the upcoming cycle.

Strategy 2: Conduct focus groups of staff and families to build understanding of the barriers and facilitators for families to access care coordination services to improve pediatric medical home outcomes.
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:

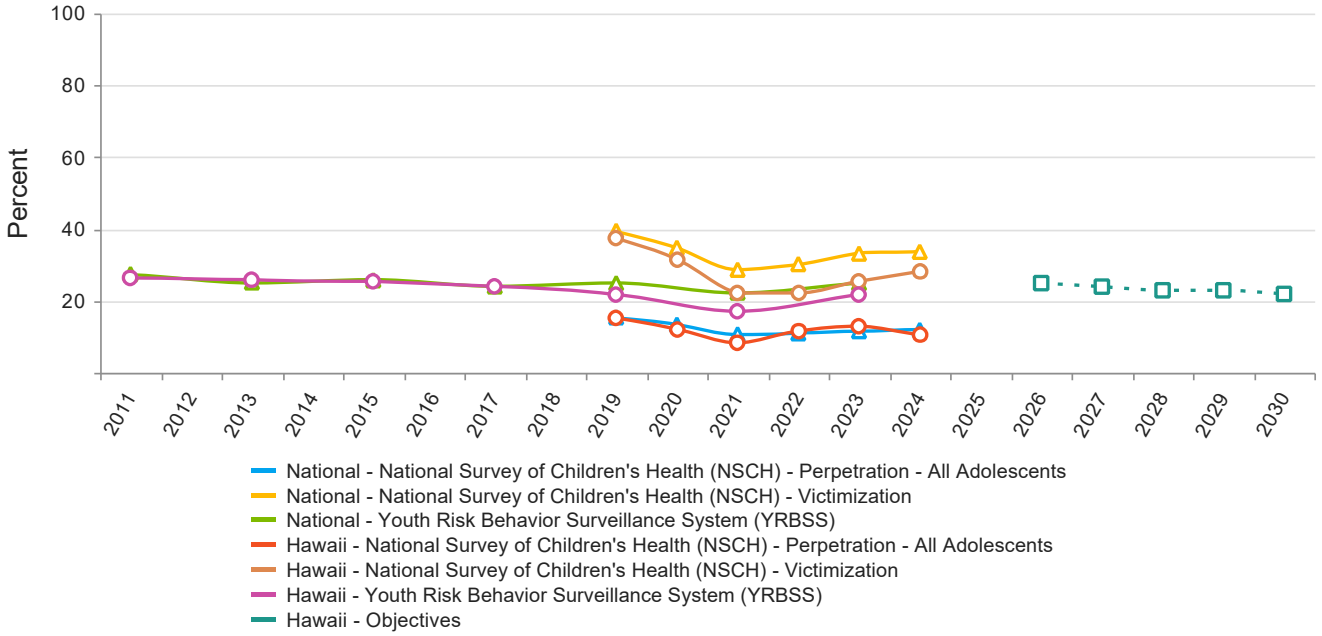
- Review of existing needs assessments and focus group findings to determine CSHNB priority on care coordination. The needs assessment CSHN focus groups specifically asked families whether they had a medical home. A report of the focus group findings is forthcoming later this summer from the needs assessment 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: National Survey of Children's Health (NSCH) - Perpetration - All Adolescents		
	2024	**2025**
Annual Objective		
Annual Indicator	13.1	10.5
Numerator	13,116	10,525
Denominator	100,297	100,218
Data Source	NSCHP-All Adolescents	NSCHP-All Adolescents
Data Source Year	2022_2023	2023_2024

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - Victimization		
	2024	**2025**
Annual Objective		
Annual Indicator	25.5	28.1
Numerator	25,529	28,158
Denominator	100,297	100,218
Data Source	NSCHV-All Adolescents	NSCHV-All Adolescents
Data Source Year	2022_2023	2023_2024

Federally Available Data		
Data Source: Youth Risk Behavior Surveillance System (YRBSS)		
	2024	**2025**
Annual Objective		
Annual Indicator	21.8	21.8
Numerator	10,508	10,508
Denominator	48,295	48,295
Data Source	YRBSS	YRBSS
Data Source Year	2023	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	2025
Annual Objective		
Annual Indicator	No	No
Numerator		
Denominator		
Data Source	The Adolescent Health program of the MCH	The Adolescent Health program of the MCH
Data Source Year	2024	2025
Provisional or Final ?	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

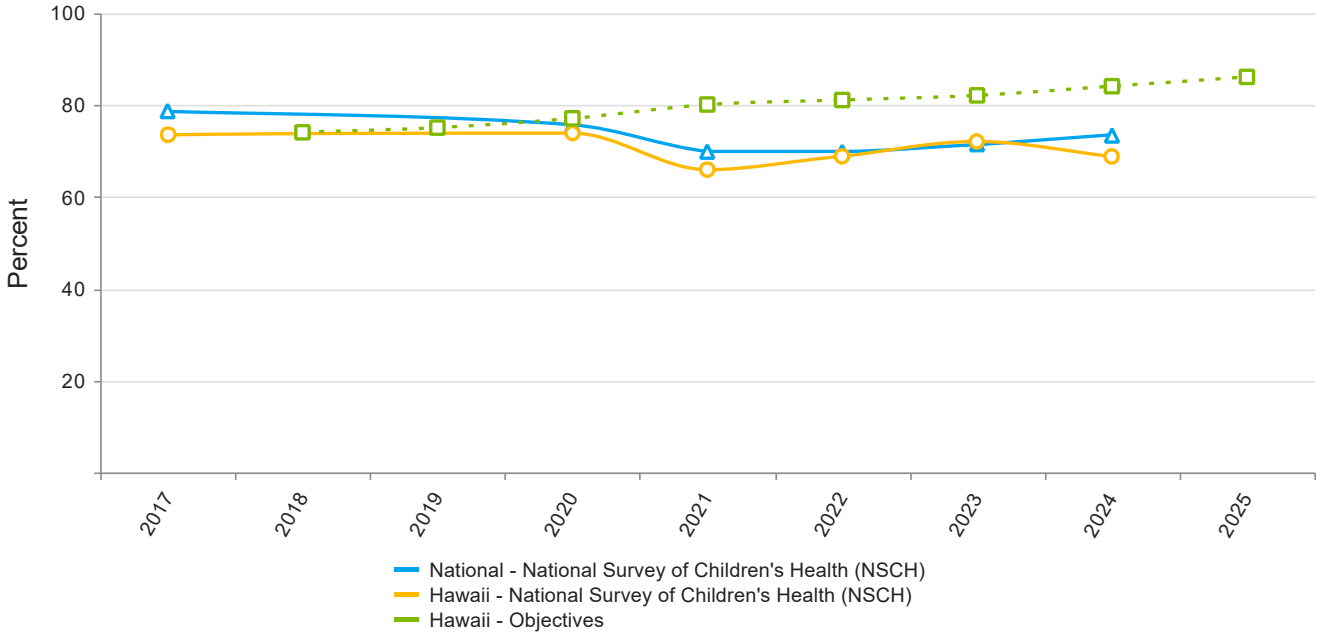
Adolescent Injury Hospitalization

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	80	81	82	84	86
Annual Indicator	73.4	66.3	68.9	71.9	68.7
Numerator	71,318	63,067	65,633	68,202	65,329
Denominator	97,099	95,187	95,192	94,913	95,085
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	23	25	28	30	30
Annual Indicator					
Numerator	26	27	27	27	28
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	2021	2022	2023	2024	2025
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 Wellness 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 proposed to increase the percentage of adolescents receiving a preventive medical visit in the past year to 84.0%.

Data: Aggregated data from the 2023-24 National Survey of Child Health (NSCH) indicates that Hawaii (68.7%) did not meet the 2025 state objective (84.0%), although it was similar to the national estimate of 73.3%. Data prior to 2019 was not comparable. There was no significant change in the estimate since 2019-2020 (73.7%). The Hawaii figure 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 to 82.6%.

The data indicates that adolescents with Special Health Care Needs (CSHCN, 88.3%) are significantly more likely to have preventive medical visits than non-CSHCN adolescents (62.3%). Adolescents whose parents were high school graduates (49.6%) were significantly less likely than college graduates (77.8%) to have preventive medical visits. No other significant differences were found in AWV subgroup analyses, based on 2023-2024 aggregated data.

The 2023 Hawaii Youth Risk Behavior Survey (YRBS) reported a slight 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 somewhat from 75% in 2019 to 73.0% in 2021 and 72% in 2023. These numbers may be inflated, if adolescent respondents mistakenly reported their annual sports physicals as a health wellness visit.

Neighbor Island disparities continue as a trend, with Kauai County high school youth reporting the lowest percentages of AWVs, followed by Hawaii County and Maui County youth. High school students who are of Other Pacific Islander 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 reflect approximately a 10% improvement in AWV visits over the past five years.

Title V Lead/Funding: The Adolescent Health Unit (AHU) within the Maternal and Child Health Branch (MCHB) leads the efforts on 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 targeted adolescent health initiatives. The AHU's Child and Youth Program Specialist V position that is responsible for this initiative 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 a wide range of stakeholders. These 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 and 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 to support Hawaiistrategies. AHU uses several strategies that the National Adolescent and Young Adult Health Information Center recommends, which is also cited in the collective evidence-based literature. These include building collaborative networks with agencies and institutions at the systems level, and strengthening community capacity to reach youth-serving professionals, parents, guardians, and other caring adults so they can better engage adolescents, elevate youth voice, and improve how teens access and receive information that matters to them.

A review by the MCH Evidence Center in 2024 identified the ESM for this measure 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 2025 (10/1/2024 - 9/30/2025)

Strategy 1: Collaboration. Develop partnerships with community health and youth service providers to promote adolescent health and annual wellness visits

The AHU continues to develop and support a wide range of community partnerships with teens, youth service providers, parents, and other community organizations that are working consistently and 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 focus on providing critical information to the client on adolescent wellness, gather direct 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, as well as encourage and enable youth to schedule regular health checkups on their own.

PREP services are delivered through contracts with youth-serving organizations. Recent changes in PREP contractors were largely due to contractor-based administrative challenges and staffing shortages, which created barriers to implementing the evidence-based TOP curriculum with required programmatic fidelity. During this reporting period, the contracted providers were the Hawaii Youth Correctional Facility (HYCF), which has been operating as the Kawailoa Family and Youth Wellness Center (KFYWC), the Bobby Benson Center (BBC), and Ulu A'e Learning Center, all of which are located on Oahu.

KFYWC: The KFYWC is administered by the Office of Youth Services (OYS) that resides within the State Department of Human Services. This facility provides the some of the most intensive level of residential services, supporting over 30 court-involved adolescents ages 16 to 18 from communities statewide. The Youth Corrections Officer (YCO) training coordinator 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 customized staff development training provided by AHU.

Upon entry, each youth receives a medical assessment by the facility physician. AHU continues to collaborate with the YCO training coordinator to enhance and expand the healthcare resources available to meet the complex and varied needs of KFYWC's average daily population of 30 teens.

KFYWC uses a restorative justice approach in working with youth residents, which prioritizes healing and rehabilitation over punishment. The center strategically leveraged its campus to work collaboratively with specific community-based organizations that help to address critical gaps in health and support services for its adolescent residents. These gaps include community-based shelters for homeless youth (RYSE), a residential workforce and

skills-development program (Kinai Eha), and an agriculture program (Farm to Table) that teaches traditional Hawaiian values while supporting the development of sustainable agricultural practices.

BBC: BBC offers both Residential Treatment Services for Adolescents (13-17 years old), as well as a Continuum of Treatment Services for adolescents (13 -17 years old) and young 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 curriculum books, to support effective program delivery. BBC launched its first TOP educational cycle in FY25, with an average daily census of 13 BBC teens.

Ulu A'e Learning Center: The Ulu A'e Learning Center is a community-based organization in Kapolei on Oahu, which is focused on cultural and place-based education that is rooted in Native Hawaiian knowledge and environmental stewardship. It offers programs for children and families that teach traditional skills, *mālama ʻāina* (care for the land), and cultural practices through hands-on learning experiences and community engagement.

Upon execution of a contract between DOH and Ulu A'e, a summer pilot program was initiated in 2025, following a brief TOP training of facilitators to begin the TOP program. Following additional annual training hosted by DOH, Ulu A'e has continued its TOP implementation efforts into the 2025-26 school year, reaching an average of 14 teens per cycle.

Parents And Children Together (PACT): PACT operates after-school drop-in centers for youth ages 7–18 statewide, with a focus on promoting the development of healthy youth, families, and communities by offering enriching family strengthening experiences. These community-based centers provide a range of educational, recreational, community-building, and support services. PACT collaborates with the AHU on capacity-building initiatives, as well as implementation of positive youth development curricula.

Suicide Prevention Taskforce: The AHU is actively involved with statewide public and private sector 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 structures needed for effective suicide prevention planning, implementation, evaluation, and long-term sustainability.

Other Community-Based Organizations: AHU continued to expand and strengthen partnerships with youth-serving organizations across the state to promote healthy relationships, improve adolescent health, and expand access to annual adolescent wellness visits. These efforts also emphasize building strong connections between youth and supportive adults through virtual meetings and webinars. Community 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; Weed & Seed Hawaii; Young Men's Christian Association; Department of Education (DOE); Boys & Girls Club Hawaii; Na Leo Kane; Big Brothers Big Sisters Hawaii; Hawaii Alliance of Nonprofit Organizations; KUPU; Department of Judiciary; 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 serves 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 consultation and oversight for the YRBS, which is administered in odd-numbered years. The survey currently includes one 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 youth behaviors, as well as build skills that empower adolescents to effectively access healthcare and community resources. These digital resources are also widely promoted, advertised, and made easily accessible to health educators and outreach staff, enabling them to better connect teens with essential health and related 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, relevant lesson plans, and evidence-based interactive activities designed to support discussions about the many physical and emotional changes that occur during puberty and adolescence. As part of this effort, the DOE is working to create locally grounded puberty-education materials for elementary-age students.

PREP Youth Input: Youth who are involved in PREP service sites provide valuable perspectives and information on their knowledge of AWV and health topics of interest, as well as their preferred methods to access key health information. While most Hawaii teens do possess some form of health insurance, most report that they did not know their specific health insurer's company name, did not carry their health insurance card, and did not have any experience in making a health care appointment for themselves.

Youth Advisory Board: To increase collaboration and input from youth directly, 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 received invaluable technical assistance and coaching to establish a Youth Advisory Board that is designed to provide direct consumer feedback on a range of youth-oriented activities. The WDC and DOH convened the wider YAB team—composed of community and state partners—to support the planning and launch of the YAB. Foundational materials, including governing documents, a recruitment plan, application procedures, and consent forms, were developed and finalized and are now awaiting approval prior to the official YAB kickoff.

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 DOH and community stakeholders.

The 2025 ESM indicator scored 28 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 continues to work collaboratively with the CSHN Branch on improving youth transition to adult care, as well as other important adolescent 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	28

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	28			

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 regular opportunities for training and technical assistance (TA) on a wide range of adolescent health and positive youth development issues to community youth and service providers.

Training and TA: AHU continues to offer training on positive youth development and protective factors through the PREP program. During 2024–2025, AHU maintained its efforts in delivering staff development webinars and online training opportunities.

DOE Sexual Health Education Capacity Building Program (SHEP): In 2024-25, AHU contracted with the DOE’s

Office of Curriculum and Instructional Design to provide professional development for educators, utilizing an online resource with the latest tools, research, and best-practices to bolster efforts in delivering evidence-based 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, as well as promote the availability of the sex education training course through targeted presentations, email listservs, and newsletters SHEP will also create locally grounded 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 its review and approval prior to implementation and dissemination.

Training Tracker: The AHU continues to offer comprehensive training and professional development opportunities to strengthen the capacity of many partners serving adolescents. Training metrics are maintained through a shared Excel spreadsheet, where all PREP community partner staff and AHU staff are able to access, complete, and track assigned courses.

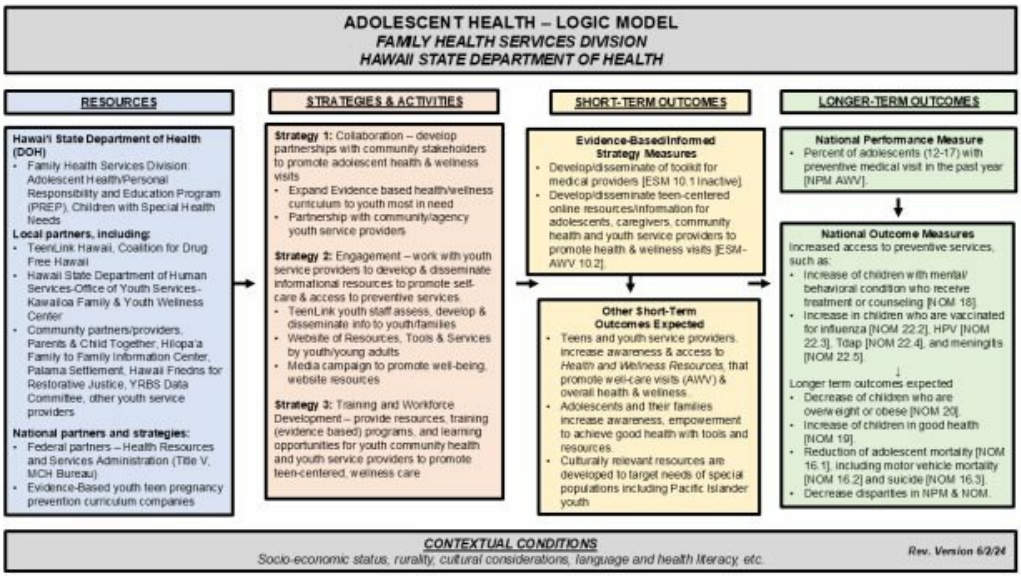
Training Administrators oversee the development and monitoring of customized training plans that align with federal guidelines and organizational goals. AHU also supports staff and partner participation in specific conferences and workshops that cover topics such as adolescent development, curriculum facilitation, and other special health topics. These efforts ensure that all team members are equipped with the latest tools, evidence-based practices, and continuing education to effectively support the delivery of optimal adolescent health and well-being.

Service Provider Training: Hilopa'a was recently 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 support and strengthen the capacity of providers working directly with adolescents. The goal is to equip youth-serving professionals with the knowledge, skills, and tools through trainings needed to support healthy adolescent decision-making, foster resilience, and reduce risk behaviors among youth.

Workforce Resilience Trainings: The training offered by Family Hui provided trauma-informed, agency-specific learning experiences that build resilience, enhance provider skills, and support long-term engagement across community-based organizations, with 50 people participating in 2025. It also ensures equitable access, strengthens support networks, and evaluates outcomes, in order to promote continuous improvement in provider-offered wellness messaging and organizational capacity.

Review of the Action Plan for 10/1/2024 - 9/30/2025

A logic model for NPM AWV was updated in 2025 to ensure alignment among strategies, activities, measures, and desired outcomes. The logic model was 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 adolescent health behaviors, including increasing capacity for self-care and healthy lifestyle choices via the TLH website and social media posts. TLH encourages youth to take greater responsibility for their health decisions; provides essential information to help teens connect with healthcare providers; supports their ability to schedule well-visits; and links them to needed health services such as AWVs and other resources.

Barriers to Care. Workforce shortages continue to limit AWV capacity. Contributing factors include limited access to regular healthcare, the statewide shortage of primary care physicians, and competing family priorities that often result in delayed or missed medical visits. Misconceptions also play a significant role—many families still believe that doctor visits are only necessary when a child is sick, that preventive care requires unaffordable out-of-pocket costs, or that annual school sports physicals fulfill the same purpose as an AWV. Additionally, the growing use of convenient community-based providers, such as MinuteClinic and urgent care centers, complicates AWV tracking. While busy families may rely on these settings as a temporary source of acute care, doing so can undermine the long-term benefits and continuity of care that a comprehensive AWV within an established medical home is designed to provide.

Health Disparities: Working with specific at-risk 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, are expected to extend the reach of adolescent wellness efforts and help address identified healthcare-access challenges among youth.

Vacancies. In recent months, the MCH Branch faced several unforeseen vacancies across multiple units. To sustain essential operations, staff from AHU and other teams are temporarily reassigned to provide coverage beyond their usual scope of work. Although this collaborative effort maintained continuity, it reduced AHU's available capacity, limiting the unit's ability to fully focus on its core responsibilities and planned initiatives. Recruitment efforts are actively underway to fill the branch's vacancies and restore full staffing levels.

Overall Impact

AHU's greatest success was with direct and sustained youth engagement. AHU's commitment to engaging youth in assessing their health concerns and development, as well as disseminating health education and messaging, culminated in youth-designed information offered via the statewide TeenLink Hawaii website and on 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 have become go-to resources for relevant, accessible information. With strong engagement across platforms such as Instagram, TikTok, and YouTube, and consistent use by agencies and providers statewide—including for transition-to-adulthood healthcare—TeenLink Hawaii has effectively met its goals. Given its established reach, ongoing use, and regularly updated content, maintenance efforts continue to ensure its ongoing impact.

DOE Resource Library: Although this is still under development, the DOE, with funding from the MCH Branch, will enable AHU to develop a comprehensive DOE resource library that is specifically focused on elementary- and adolescent-level puberty education. This is another adolescent informational resource for Hawaii public school educators and staff to help facilitate discussions about the many changes that occur in puberty and adolescence. The library will also offer access to resources that will help support teens with healthy decision-making both within and beyond school settings, particularly around the issue of sexual health.

Partnerships: A key success has been the ongoing strong partnership between various branches of FHSD and community partners. This collaboration played a vital role in advancing efforts through the MCH Workforce Development project, particularly in developing a strong pool of 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 all aspects of adolescent health.

PREP Success: PREP continued to expand access to high-quality health education by partnering with agencies that serve at-risk and hard-to-reach youth across Hawaii. These partnerships reflect a shared commitment to addressing gaps in access to care and ensuring that youth with the greatest needs receive evidence-based, community-responsive information.

Community partners demonstrated strong flexibility in adapting and delivering the PREP curriculum, integrating it into their existing program structures despite limited staffing and resources. The PREP curriculum also enhanced partner programs by providing a ready-to-use, evidence-based framework that strengthened their capacity to offer consistent, comprehensive health education. Through these efforts, PREP helped build community capacity and improved access to wellness education for youth who face significant barriers.

Title V Adolescent Health Programs

The programs listed below focus 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, with the focus on graduating with a high school diploma, sexual health, positive youth development, and successfully 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 to prevent pregnancy, sexually transmitted infections, and HIV/AIDS. This includes decision-making, self-regulation, and other related adulthood preparation subject areas. This program targets services to high-risk youth ages 10 to 24 who may have limited access to supports and resources. Hawaii funds are used to implement the TOP curriculum at BBC, the KFYWC (formerly known as HYCF) and Ulu A'e Learning Center.

Child Abuse and Neglect, Domestic, and Sexual Violence Prevention: These programs are committed to the primary prevention of all forms of violence and to stopping violence before it begins so that people, families, and communities can remain safe, healthy, and free from harm. Together, known as the Family Strengthening & Violence Prevention Unit, staff and partners provide statewide programs that prevent child abuse and neglect, sexual violence, and domestic violence. Activities also include support for parents and education for teens to prevent sexual and partner violence.

Child Death Review (CDR): Statewide surveillance system for deaths among children ages 0-18 years. CDR aims to host events and initiatives increasing awareness to reduce preventable deaths of infants, children, and youth through multidisciplinary interagency reviews and recommended actions.

Children and Youth with Special Health Needs: Assists with service coordination, social work, nutrition, and other supports for children and youth ages 0–21 with special healthcare needs and 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 Care Access Grant (PMHCA): The PMHCA 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 at-risk 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 can 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, as well as referral to reproductive health services and providers.

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 2027.

Plans for Application Year FY 2027 (10/1/2026 - 9/30/2027)

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 project 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 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 that emerged were:

- Complete an environmental scan of efforts and programs to identify services gaps, community collaboration opportunities, and best practices to help shape the program's role and key partnerships to better address bullying prevention.
- Establish a youth advisory board to allow adolescents statewide to be directly heard from regarding current anti-bullying efforts, share their experiences, propose innovative solutions, and potentially lead peer activities to promote and support a safer community environment.

ESM. The ESM for this measure focuses on the completion of a bullying prevention environmental scan. The findings from the scan will guide the selection of evidence-based strategies and clarify the public health role in shaping and supporting bullying prevention programming.

Strategy 1: 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.

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 Title V 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.
- Title V staff working on this measure are participating in FHSD workforce training efforts to support completion of the Title V toolkit and related training materials. These resources will guide the necessary data collection and community engagement activities required to select detailed strategies and develop work plans for the 2026–2030 project period. This effort also includes completing and sharing the 2025 needs assessment findings, which will directly inform strategy development and workplan design for the upcoming

cycle.

Strategy 2: Establish a youth advisory board to allow adolescents a voice in anti-bullying efforts, share experiences, propose innovative solutions, and help lead peer 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.

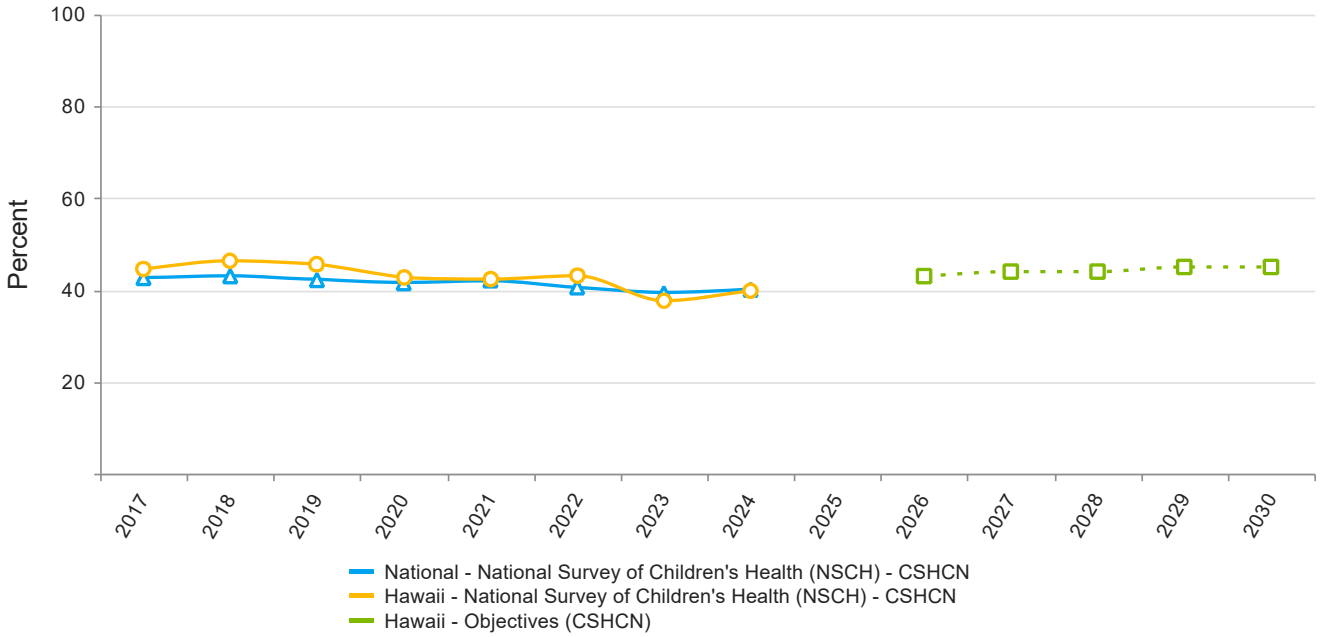
Future plans to support this strategy include:

- 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 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**	**2025**
Annual Objective			
Annual Indicator	43.1	37.6	39.9
Numerator	17,813	22,501	24,462
Denominator	41,372	59,844	61,342
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2021_2022	2022_2023	2023_2024

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	2025
Annual Objective		
Annual Indicator	No	No
Numerator		
Denominator		
Data Source	Title V Children with Special Health Needs Branch	Title V Children with Special Health Needs Branch
Data Source Year	2024	2025
Provisional or Final ?	Final	Final

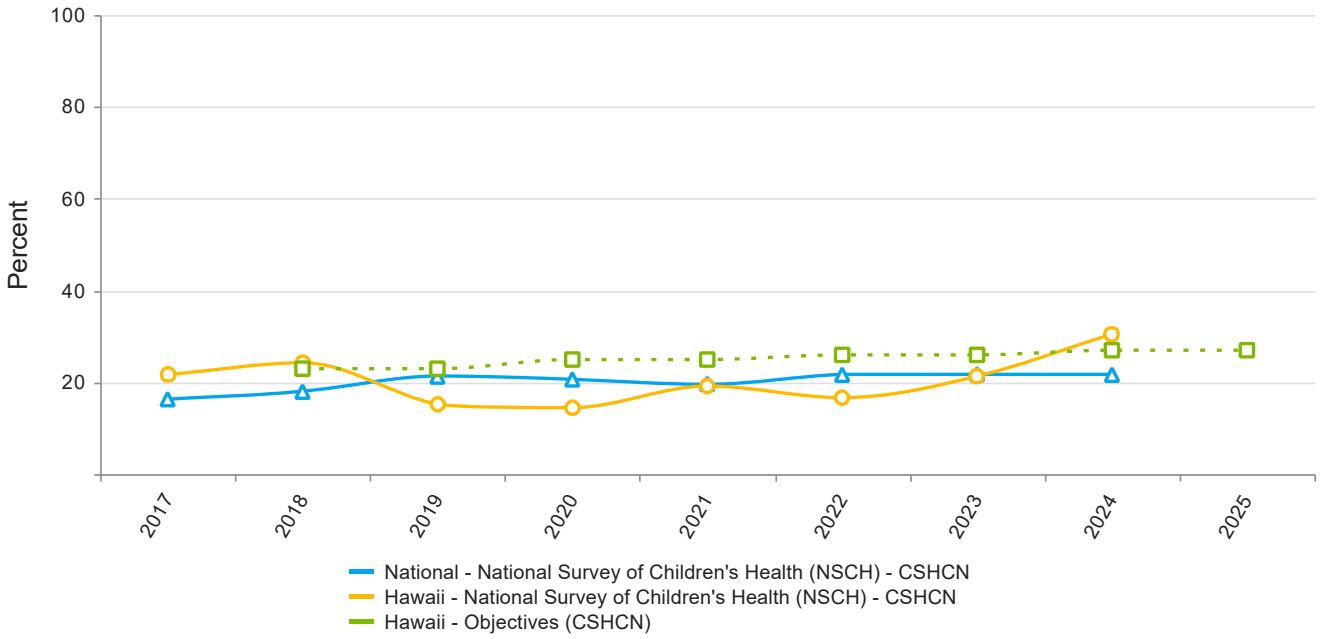
Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	Yes	Yes	Yes	Yes	Yes

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	25	26	26	27	27
Annual Indicator	15.9	21.9	18.1	21.3	30.6
Numerator	3,171	4,086	3,025	5,287	7,635
Denominator	19,924	18,629	16,749	24,832	24,964
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	26	28	30	33	33
Annual Indicator					
Numerator	26	31	32	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	2021	2022	2023	2024	2025
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 2020 five-year Department of Health (DOH) needs assessment findings. 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, both with and without special needs, the federally available data are reported separately for each subgroup of adolescents. Data specific for youth with special health care needs were used for this measure to serve as the priority issue for the CSHCN population domain.

The aggregated 2022-2023 data indicates that the estimate for Hawaii (30.6%) more than met the 2025 state objective (27.0%) and was higher than the national estimate of 21.7% of youth with special health care needs. The increase in estimate from 2022-2023 (21.3%) was not significant, but the increase from 2021-2022 (16.8%) to 2023-2024 (30.6%) was found to be significant. The related HP 2030 objective for this measure is to increase the proportion of children and adolescents with special health care needs who have a system of care to 19.5%. This objective has been exceeded by the current 30.6% data estimate. The sample size was too small to perform a subgroup analysis to determine specific risk factors.

For youth with no special health care needs, aggregated 2022-2023 data indicated that the estimate for Hawaii (20.6%) was statistically similar to the national estimate (19.1%). There were no significant differences in reported subgroups.

Objectives: Hawaii's objectives were set to reflect an incremental improvement with a target goal of 27% by 2025.

Title V lead/funding: The Children and Youth with Special Health Needs Section (CYSHNS) is housed within the Children with Special Health Needs Branch (CSHNB) and serves as the lead DOH program for this priority measure. The CYSHNS Supervisor provides the leadership for planning activities for this NPM TR. The Specialty Support Program within CYSHNS is responsible for the development and implementation of 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, which integrates transition planning into MCHB's Title V activities that aim to promote universal adolescent wellness visits. The statewide CYSHNS Transition Team meets monthly via Zoom to monitor progress and update program activities, as needed.

Title V does not directly fund transition to adult care activities but instead funds key CYSHNS staff support positions, including the CYSHNS Section Supervisor and Nutritionist. It also funds the CSHNB Chief, Research Statistician, and administrative staff, who provide additional 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 (AAP)
- 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 (KPH)
- Med-QUEST (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 state's 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. National best practice recommendations from Centers for Medicare and Medicaid Services (CMS) 2014 report titled, *Paving the Road to Good Health*. Strategy 3 focuses on assurance that MCH populations achieve their full health potential and was also added in 2021. Progress on 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 2025 on the three strategies follow:

Strategy 1: Incorporate transition planning in care coordination activities for youth enrolled in CYSHNS and their families

Strategy 1 serves as the NPM TR strategy measure (ESM TR 1) and is assessed via the use of a Likert scale that was developed to measure 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 policies and procedures for all youth receiving CYSHNS care coordination services, as well as for their parents/caregivers.

Core Elements 1 and 2: Transition and Care Policy/Guide and Tracking and Monitoring

Elements 1 and 2 focus 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 defining 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 to develop a customized transition plan, beginning at ages 12-16. This activity was successfully 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 demonstrating successful transition of the youth to adult health care providers. CYSHNS provides guidance, resources, and training to help youth apply for health insurance coverage as an adult, select appropriate adult health care providers, and learn to manage their own 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 information and referrals to adult service agencies through the state's *No Wrong Door* program. This integrated online, person-centered system supports individuals of all ages and disabilities, as well as health insurance payors. The *No Wrong Door* referral system provides an accessible 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	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 goal (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, & 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, & roles of CYSHNS, youth/family, & 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 & process for identifying & 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 & 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 & families, including readiness assessment findings, goals, & prioritized actions.	0 2016	1 2017-21		3 2022
8. Prepare youth & parent/caregiver for adult approach to care before age 18, including legal changes in decision-making, privacy, & consent; self-advocacy; access to information; & insurance continuity.		1-1.5 2016-19	2 2020-22	3 2023
9. Develop & implement referral procedures for adult service agencies.		1 2017	2 2018-19	3 2020
Transition transfer of care (Core Element #5)				
10. Prepare youth & parent/caregiver for transferring to an adult health care provider & 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 & parent/caregiver when CYSHNS services end to confirm having an adult health care provider & health insurance coverage or provide further transition guidance.		1 2017	2 2018-21	2 2022-25
	2025 TOTAL = 32/33 (96.9% completion)			

All activities for the Six Core Elements are scheduled to be completed by 2025. The focus will then be on ensuring that all children, ages 12-21, who are enrolled in CYSHNS successfully transition to adult health care.

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 to adult care awareness among youth and their families, as well as the provision of innovative and targeted 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: CYSHNS continues to prioritize community outreach activities that promote the transition to adult health care to youth, families, agencies, and communities.

SPIN: 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 last held in May 2025 in Honolulu. SPIN is a statewide parent-to-parent community organization that was established to enhance parents' participation for children with disabilities with an array of information, support, and referral services. It is funded through a unique partnership between DOE and DOH's Disability and Communication Access Board (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 updates on health care transition planning.

The Footsteps to Transition Fair: A shared partnership with DOE and other state agencies. This yearly event is specifically 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, and for the first time, all four Hawaii counties conducted a Footsteps to Transition Fair in their respective counties, directly reaching youth with special health needs across the state. This annual event continues to expand into more rural communities statewide.

Partnerships & Networking: CYSHNS continued collaboration with a broad network of government and community groups that provide personalized assistance 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 Hawaii, and other community organizations.

Partnerships with the Kauai, West Hawaii, and Hilo annual Legislative Disability Forums, which are sponsored and conducted by the HSCDD, also provided an opportunity to share key adolescent transition to adult care information with various district state legislators.

TeenLink Hawaii: TeenLink Hawaii is an organization for and by youth and provides information and referral services for youth and young adults. TeenLink Hawaii young adult staff developed targeted 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 also developed on important related topics, such as how to locate and contact an adult health care provider; how to make a medical appointment; and how to fill out a medical history form, as well as information on 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 continues to attract a steady traffic of visitors, averaging about 2,000 hits each month for the period October 2023 to March 2024. A total of 12,136 annual website visits were tracked, with 10,224 being unique visitors and 17,183 page views. From April through September 2024, the website averaged about 1,728 visitors per month, totaling 10,368 visits, including 8,589 unique visitors and 14,008 page views.

The most viewed 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 continue to update, add, enhance, and maintain the website. This effort responds to the needs and priorities voiced by youth, teens, and young adults who use the website, reflecting what they find important, relevant, and concerning.

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, which were offered to a total of 1,440 youth and teens. These presentations were carried out at elementary, middle school, and high school classroom locations.

TeenLink Hawaii 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.

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. KPH and CYSHNS staff also partnered to develop flyers on adolescent health care transition, confidentiality, and minors' consent, which are being made available to KPH practitioners and their youth patients and families. As part of a new project with KPH's pediatric providers, age-appropriate transition information is automatically incorporated into the after-visit summaries for adolescent well-child visits. This partnership has expanded adolescent transition planning into a more significant number of youth and young adults. KPH isthe state's second-largest health insurer, providing clinical care for more than 250,000 Hawaii members of all ages.

Title V Programs: Transition to adult care planning was incorporated into other CSHNB programs, including Neighbor Island cardiac and nutrition clinics, and within all MCHB-contracted adolescent programs.

Medicaid/EPSDT meeting: CYSHNS and Medicaid co-lead quarterly 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.

AMCHP Transition Presentations: At the national 2025 AMCHP Conference, CYSHNS partnered with a parent advocate to present CSHNB's five-year plan that included goals and objectives for youth health care transition.

Educational Materials: The CYSHNS Transition Workgroup meets monthly to work on adolescent transition activities and outreach materials that are designed for populations with limited English proficiency and/or who have educational level limitations.

Strategy 3: Develop and expand efforts to address health disparities in transition services for youth

TeenLink Hawaii Engagement Project – During the summer of 2025, TeenLink Hawaii engaged in a needs assessment process with teens and young adults to: 1) Gain a better understanding of their current issues, concerns, and overall well-being; 2) Learn more about the topics that matter most to them, including sources of health information and access to healthcare; and 3) Identify and implement effective strategies for outreach and for developing and sharing reliable, relevant wellness information.

Youth were surveyed on healthcare needs, healthcare transition, mental health, medical home, and their preferred methods for receiving health information. A total of 614 youth completed the survey, with 10.4% self-identifying as having a special health need. In addition, listening sessions were conducted to encourage more in-depth dialog and gather deeper insights on youth health and wellness. Eleven focus groups were held statewide with a total of 36 participants. The students enjoyed having their opinions heard and seemed to feel comfortable and willing to share their thoughts on healthcare.

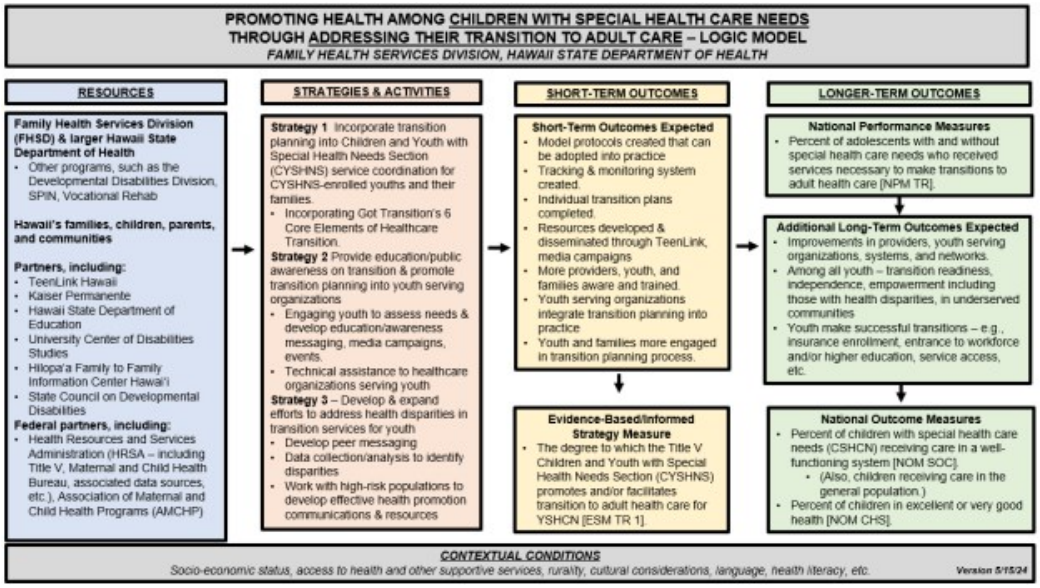
Highlights from the listening sessions on healthcare transition showed that many young people do not fully understand the healthcare system and rely heavily on their parents or caregivers to manage their care—indicating that they do not yet feel the need to learn these skills. Participants also discussed mental health extensively, noting ongoing stigma about mental health and expressing a desire for greater attention to mental health needs. All students reported encountering health misinformation online, often from random influencers on social media.

Students expressed interest in having the Department of Health present in schools through guest speakers, health fairs, and events. They also welcomed receiving information through different forms of social media.

CYSHNS will continue to seek out and establish new community partnerships to help address health disparities, particularly among adolescent Medicaid recipients and youth who are served by Native Hawaiian/Pacific Islander youth-related organizations. CYSHNS also plans to provide additional training to the staff of these organizations and their partners on healthcare-related resources and programs.

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 has successfully 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 essential program services and resources and participate in community events to support new and ongoing needs of the recovering Maui community.

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 required redetermination process for Medicaid and CYSHNS enrollment. CYSHNS staff also contacted primary care clinicians, providing them with current program information and resources. Information from other FHSD programs—including home visiting, newborn hearing screening, lead poisoning prevention, and early intervention—was also shared with clinicians.

Data Limitations: The National Survey of Children's Health (NSCH) data—particularly the small sample size for Hawaii—continues to pose significant challenges. The variability observed in the NPM TR results suggests substantive shifts from year to year; however, none of these changes are statistically significant, making it difficult to determine whether the data reflects true, measurable progress. As a result, the findings do not currently capture the substantial work and effort that CYSHNS staff dedicate to

NPM TR activities: During the COVID-19 pandemic, when child wellness visits declined sharply, adolescent transition planning indicators paradoxically showed improvement, which may reflect a reliability issue with the data. As noted in other narratives, the funding, administrative, and epidemiology staffing limitations prohibit Hawaii from pursuing an NSCH oversample, which might generate more stable estimates for NPM TR and additional data on important ethnic disparities. Concerns were raised with the MCH Bureau about the need for greater investments in the NSCH. Hawaii has since pursued other primary methods of data collection that seek to address this existing data limitation.

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 its system, which is designed to help youth transition to adulthood. CYSHNS fully integrated transition planning into its current standard 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 reported to be 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 into clinical settings. Partnerships with the Adolescent Health Program and TeenLink Hawaii are helping to further strengthen community-based 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 range and number of youth- and family-focused 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 more comprehensive array of direct and support services and educational providers. In partnership with the DOE, the Transition Fairs have created other outreach and educational events for public and adult healthcare providers, as well as workforce training events for service providers. The success of many of these events and training sessions has resulted in a higher level of family and youth engagement.

Title V CSHCN Programs

Children with Special Health Needs Branch (CSHNB) is working to ensure that all CSHCN will reach optimal health, growth, and development. Programs include:

Birth Defects: Provides population-based surveillance and education for birth defects in Hawaii and monitors major structural and genetic birth defects that adversely affect health and development.

Childhood Lead Poisoning Prevention: Reduces exposure to lead by strengthening blood lead testing and surveillance, identifying and linking lead-exposed children to services, and improving population-based interventions to mitigate further exposures. The Centers for Disease Control and Prevention (CDC) funds the program.

Early Childhood: Focuses on systems-building to promote a comprehensive network of services and programs that help children with special health needs—and those at risk for chronic physical, developmental, behavioral, or emotional conditions—reach their optimal developmental health.

Early Intervention Section: Provides early intervention services for eligible children, ages 0-3 years, with developmental delay or at biological risk as mandated by Part C of the Individuals with Disabilities Education Act. Some services include care coordination, family training, counseling, home visiting, occupational therapy, physical therapy, psychology, social work, special instruction, and speech therapy. Parents/caregivers are coached on how to support the child's development within the child's daily routines and activities with a team approach to help families navigate the various services.

Hearing and Vision Screening: Provides guidance on hearing and vision screenings conducted in schools.

Hi'ilei Developmental Screening: Provides free resource for parents of children from birth to 5 years old. The program offers developmental screening via paper or online tools, age-appropriate activities to support growth, referrals for developmental concerns, and state/community resources to support child development.

Newborn Hearing Screening: Provides newborn hearing screening for babies as required by State law to identify

hearing loss early so that children can receive timely early intervention services.

Newborn Metabolic Screening: Provides newborn blood spot testing for babies as required by State law. The tests help detect rare disorders that can cause serious health complications, developmental problems, or even death if not treated early.

Project LAUNCH: Promotes the wellness of young children from birth to age 8 by addressing their physical and mental health needs. The program's goal is to help improve the abilities and skills of adult caregivers of young children to encourage healthy social and emotional development and identify and address behavioral concerns before they develop into serious emotional disturbances.

Special Support (formerly known as Children and Youth with Special Health Needs Program): Assists with care coordination, social work, nutrition, and other services for children with special health care needs, ages 0-21 years, who have or may have long-term or chronic health conditions that require specialized medical care and additional support for their families.

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 with and without special health care needs, ages 0-17, who have a medical home

For the Child Health domain, the 2024 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 2030, increase the percent of all children, ages 0-17, who have a medical home to 45.0%.

Strategies: The strategies for this priority are:

- Conduct an environmental scan of existing programs with care coordination services in Hawaii to best determine CSHNB's role in care coordination for children with and without special health needs.
- Conduct focus groups of staff and families to build understanding of the barriers and facilitators for families to access care coordination services to improve pediatric medical home outcomes.

Plans to address this objective and NPM are summarized below.

Strategy 1: Conduct an environmental scan of existing programs with care coordination services in Hawaii to best determine CSHNB's role in care coordination for children with special health needs.

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 (Department 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.

Title V staff working on this measure are participating in FHSD workforce training efforts to support completion of the Title V toolkit and related training materials. These resources will guide the necessary data collection and community engagement activities required to select detailed strategies and develop workplans for the 2026–2030 project period.

This effort also includes completing and sharing the 2025 needs assessment findings, which will directly inform strategy development and workplan design for the upcoming cycle.

Strategy 2: Conduct focus groups of staff and families to build understanding of the barriers and facilitators for families to access care coordination services to improve pediatric medical home outcomes.

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 forthcoming 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.

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	2025
Annual Objective		
Annual Indicator	172	152
Numerator		
Denominator		
Data Source	Pediatric Mental Health Access grant program	Pediatric Mental Health Access grant program
Data Source Year	2024	2025
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective		20	40	60	80
Annual Indicator	0	98	108	172	152
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	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

The Cross-Cutting domain section includes a report on SPM 3, the Pediatric Mental Health Access HRSA grant 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 focused on building MCH mental health capacity across all Hawaii Title V programs.

SPM 3 - Number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in at-risk communities/counties statewide.

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 growing concerns that surfaced 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. Various community partners also identified youth mental health as a significant concern, which led to governmental and non-governmental entities actively collaborating in order to address rising mental health needs in the community.

Data: The state measure for this project-focused priority is a process indicator that tracks the number of providers receiving training on behavioral health care topics. To date, 152 pediatric and behavioral health care providers were trained statewide, nearly doubling this year's objective of training 80 providers. Although the goal was met, the total number of providers who were trained decreased, when compared to last year's training numbers. One possible contributing factor is that the Project ECHO platform transitioned to a new system during the training period, resulting in delays and technical issues that affected participants' ability to transfer and access the updated teleconsultation platform.

Evidence: HRSA actively promotes the PMHCA Program as an evidence-based strategy to help address the current significant shortage of behavioral health providers. This strategy is supported by providing pediatric primary care providers with tailored pediatric behavioral health training, as well as access to teleconsultation and care coordination through a teleconsultation mental health access line (warmline).

The warmline is staffed by 0.7 FTE child and adolescent psychiatrist and 1.0 FTE social worker, which provides specialized teleconsultation, training, technical assistance, and care coordination. This supports pediatric primary care providers, who are then 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. This includes the use of evidence-based approaches such as provider-focused, web-based education and training. Recent evidence from the MCH Evidence Center indicates that telehealth services improve healthcare delivery in states with limited access to mental health providers and related community resources.

Title V lead/funding: The PMHCA grant–administered by FHSD–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 program data collection and analysis, planning, contractual services, and media support. In-kind contributions from two FHSD staff are used for the state match, further supporting coordination and services for community mental health needs for children and youth.

Key Partners: This project is a unique public and private sector collaboration between the Hawaii State Department of Health; the Hawaii Community Foundation (HCF) Promising Minds Initiative; The Queen's Health System (QHS); the Department of Human Services Med-QUEST Division (the state Medicaid agency); Project ECHO Hawaii; the Hawaii Primary Care Association (HPCA); the American Academy of Pediatrics Hawaii Chapter (HAAP); the University of Hawaii John A. Burns School of Medicine (JABSOM); and the UH Pacific Basin Telehealth Resource

Center. This multiagency collaboration strengthens pediatric providers' access to essential mental health consultation services, which is especially critical in rural and Neighbor Island communities that face persistent challenges in providing and accessing mental health care services.

Objective: By July 2025, provide training and support services on pediatric mental health care to 80 pediatric and/or mental health care providers in at-risk 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 at-risk communities.

Updates for FY 2025 on the three strategies follow.

Strategy 1: Refine, develop, and implement pediatric mental health care access model

Warmline Pilot: In August of 2024, the Mental Health Pediatric Access Line (MPAL) was launched on Maui in collaboration with HCF's Promising Minds Initiative and QHS. PMHCA also partnered with UH JABSOM to conduct evaluations, including pre- and post-surveys and key informant interviews for MPAL and PMHCA trainings. The Maui pilot was contracted through June 2025.

Warmline Expansion: A Request for Proposals (RFP) for warmline expansion was completed in April 2025, and the Maui Pilot officially concluded in June 2025. The contract for statewide and Pacific Basin warmline expansion, known as the Hawaii Mental Health Pediatric Access Line (HI-MPAL), has been fully executed. The contract term runs from July 2025 through June 2026, with the possibility of extension through 2029 pending available funding.

Sustainability: PMHCA continues to explore long-term services sustainability beyond the completion of the current grant period in 2026. Various opportunities for additional funding include a possible continuing HRSA grant. PMHCA has also been in discussion regarding additional support opportunities, such as requests for state funding through the Hawaii State Legislature. PMHCA staff also met with DHS Med-QUEST staff to discuss potential support models in which Medicaid funding and/or health insurance providers can support the warmline.

2025 AMCHP Recognition: The PMHCA Coordinator and Specialist were both recognized at AMCHP's 2025 annual conference with the Emerging Professionals Award for their work on the warmline pilot.

Key Engagement and Partnerships. PMHCA staff have continued to engage and collaborate closely with the other PMHCA grantees in the Pacific Basin, including the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, and Republic of Palau. The overall goal of the warmline is to establish a joint Pacific regional warmline that brings together shared resources and supports Pacific Basin areas that do not have enough behavioral health staff to operate their own separate lines.

Strategy 2: Promote Workforce development and training on pediatric mental health care

This strategy focuses on workforce training efforts. Highlights of activities are described below.

Project ECHO Training: PMHCA and Project ECHO Hawaii completed another six- segment ECHO series, offered from December 2024 to March 2025. Based on trainee feedback from earlier ECHO sessions, the series focused exclusively on Autism Spectrum Disorder (ASD), emphasizing ASD and its common comorbidities, including mental health concerns, sleep issues, ADHD, challenging behaviors, and aspects of neurodiversity.

REACH Training: The PMHCA staff partnered with the Hawaii Public Health Institute (HIPHI) and the REACH Institute (Resource for Advancing Children's Mental Health) to deliver the 2.5-day Patient-Centered Mental Health in Pediatric Primary Care (PPP) training in February 2025. Initial post-training feedback indicated that providers felt more confident prescribing antidepressants, antianxiety medications, and ADHD medications for their pediatric patients.

All providers in the first cohort reported increased confidence in assessing common mental health concerns, and 95% stated that they plan to change their practice based on what they learned. Participants gave the training an overall rating of 4.79 out of 5.

Workforce Summit Training: PMHCA sponsored their third annual mental health series at the state Hawaii Health Workforce Summit in September 2025. This collaboration with DOH's Child and Adolescent Mental Health Division (CAMHD) and the Adolescent Mental Health Division (AMHD) focused on mental health across all ages. The track covered topics such as innovative recovery approaches; peer support and young adult outreach; innovative mental health models and how to build an ecosystem of engagement; and direct-to-consumer and family-friendly resources on evidence-based treatments for major youth mental health concerns.

Early Childhood Training: On August 2025, PMHCA staff, in collaboration with the Association for Infant Mental Health (AIMHHI), hosted the second cohort of Diagnostic Classification (DC) 0 to 5. This was a 2-day training for clinical providers on diagnosing and treating mental health needs for ages 0 to 5. Following the training, the first ever Infant and Early Childhood Mental Health conference in Hawaii was held with over 225 attendees.

HAAP Chapter Training: PMHCA continues its partnership with the HAAP Chapter to provide resources to pediatricians across the islands. Together, HAAP and PMHCA have brought in speakers from state and community organizations to share available supports and services. This collaboration helps ensure that providers are aware of existing resources and know how to access them to better assist their patients.
HAAP is also hosting a series of workshops that offer educational and training opportunities related to developmental-behavioral pediatrics, early childhood development, neurodevelopmental screening, and improving access to mental health care.

Diagnostic Classification Guide: PMHCA also partnered with AIMHHI and the Early Childhood Action Strategy (ECAS) Network to develop the DC 0 to 5 crosswalk, a guide that helps clinicians translate a DC 0 to 5 diagnosis into the corresponding ICD and DSM diagnostic codes, primarily for billing purposes. The crosswalk was tailored specifically to the diagnostic codes currently in use in Hawaii. It has been completed and is under review by both Med-QUEST and DOH.

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.

Environmental Scan and Directory: The PMHCA staff partnered with CAMHD and the Suicide Prevention Coalition to conduct an environmental scan of mental health services statewide, including behavioral health services, inpatient and residential treatment programs, inpatient hospitalization and emergency department utilization, clinical providers, nonprofits addressing mental health, and practicing mental health clinicians. In addition, PMHCA and JABSOM worked together to create a mental health directory of all pediatric mental health providers on each island, a resource that pediatric primary care providers can regularly use as a resource for referrals.

Maui Networking: PMHCA, in collaboration with Project LAUNCH, conducted a third Mental Health Snapshots event in July 2025 on Maui. This event focused specifically on gathering service providers on Maui to share information about their respective programs to get an understanding of what services exist on island and to open up dialog around collaboration and coordination of services.

Family Support: PMHCA collaborates with community-based partners, such as Family Hui Hawaii and Spill the Tea Café, offering family and youth engagement meetings and trainings to support families navigating the system of care and coping mechanisms, while dealing with youth mental health concerns.

FQHC Needs Assessment: In partnership with HPCA, PMHCA conducted key informant interviews with 10 out 14 Federally Qualified Health Centers (FQHC) and an FQHC Look-Alike across all islands to better understand their

internal capacity to address mental health needs, as well as to explore PMHCA's role to further support their efforts.

Project LAUNCH: CSHNB was awarded the Substance Abuse and Mental Health Services Administration 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 to 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 overall wellness of young children.

Youth Engagement: PMHCA is joining the Hawaii team that was accepted into the latest MCH Workforce Development Center 2025 Learning Journey cohort. The project, led by the MCH Branch Adolescent Health Unit, focuses on expanding youth engagement to ensure meaningful youth participation in planning, decision-making, and implementation activities, with the goal of integrating adolescent perspectives throughout MCH systems and services.

Pediatric PCP Training: PMHCA, in partnership with Hilopa'a Family to Family Inc, is developing a learning management system through Relias, a healthcare workforce enablement company, to provide asynchronous module style mental health trainings for Pediatric PCPs, mental health clinicians, and FHSD staff. These trainings will use the Relias platform and its behavioral health course catalog. Participants can earn Continuing Education (CE) credits upon completion of any training module.

Challenges Encountered

Some of the major challenges for this priority measure are listed below.

Contracting Delays. Although HRSA provided extra funds to support PMHCA efforts in Hawaii, there were delays in getting the warmline contract fully executed due to time needed to review and finalize contract.

Increasing Mental Health Needs: Like many other states, Hawaii experienced a rise in mental health needs among children and youth, which is an issue that existed prior to COVID but was significantly exacerbated by the pandemic. More recent data indicate continued increases in anxiety and depression among young people, driven by factors such as prolonged social distancing; reduced opportunities for peer interaction; increased exposure to social media and cyberbullying; and heightened family stress related to socioeconomic pressures.

Access to Care: Limited mental health services and treatment options are available statewide, which often means that children and youth in rural communities and on Neighbor Islands must fly in or be transported to Honolulu for specialized behavioral health services. This is true for both intensive treatment options, as well as preventive mental health services.

Fragmented Services: Mental health services across the continuum of care are implemented in multiple sectors and organizational silos, resulting in a fragmented and incomplete array of supports. This fragmentation poses challenges for the PMHCA team, which is working to ensure that services are coordinated and that duplication or overlap does not occur. Without alignment across systems, families may face additional barriers to accessing timely and appropriate mental health care in their communities.

Limited Warmline Utilization: Use of the warmline is limited to date, and providers demonstrated slower-than-anticipated uptake of the service. This may be partly attributed to the fragmented delivery of care in Hawaii. Many physicians on Maui are affiliated with Kaiser Permanente, a health maintenance organization. Shortly after the warmline pilot launched, Kaiser issued internal guidance directing its providers and staff to rely exclusively on in-network services and resources. This policy likely constrained the ability of Kaiser-affiliated clinicians to access the warmline and a fact that may have contributed to the overall low call volume.

Cost-Effective Measures: Hawaii is not alone in experiencing low-call volumes for the warmline services; similar trends are reported in other states during the start of their programs, including those with significantly larger

populations. The low volume of calls is a characteristic of new programs. With the low call volume, it makes it challenging to justify the high costs of building and maintaining a well-staffed warmline. Hawaii attempted to make the warmline more cost-effective to reach a wider range of providers by expanding services to include Pacific Basin partners. However, challenges in adjusting for the needs, time difference, availability of resources, and procurement challenges make it difficult to integrate a joint consult line supporting the Pacific Basin.

Research Needs: There remains a clear need for deeper understanding of the distinct mental health needs across the state's varied and unique populations. Current data provide only a partial picture, and additional research is needed to identify population-specific risk factors, service gaps, and community-grounded supports. Strengthening this evidence base will help ensure that Title V mental health strategies are responsive, accessible, and aligned with the priorities of the communities they serve.

Workforce Shortages: Widespread staffing shortages and limited workforce capacity with key partners have led to delays or cancellation of projects and initiatives. While partners are eager to collaborate and partner to address mental health needs, they are expressing that they lack the staffing and resources necessary to initiate new projects.

Provider Engagement: While PMHCA staff have closely partnered with pediatricians through the HAAP, efforts to engage other professional healthcare associations—such as family practice physicians, physician assistants, and nurse practitioner groups—is challenging. Expanding participation among these additional provider groups remains essential for strengthening statewide mental health support within primary care.

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 shifted its focus to a systems-building approach, working to reduce service silos while enhancing collaboration across sectors, extending the reach of mental health services at all levels of care to communities statewide.

PMHCA successfully provided critical training resources and varied 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 successfully created more opportunities for pediatric, family, and mental health providers to network and learn about the range of mental health services available statewide for children and youth. This effort allowed progress in advancing system 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 on Neighbor Islands, as well as the challenging complex needs of those with lower incomes and/or those with limited access to needed health services.

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 1: Number of direct and enabling health providers receiving training and support services on maternal and child mental health care in at-risk 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 health 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 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 that tracks the number of providers receiving training on behavioral health care topics across the five maternal and child health population health domains. Providers include both direct and enabling professionals who deliver behavioral health or behavioral health-related services to women, children, and families. The 2024 baseline indicator is 172, reflecting the number of pediatric and/or behavioral healthcare providers trained in 2025 through the Project ECHO webinar series 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 at-risk communities/counties statewide.

Evidence: HRSA promotes the Pediatric Mental Health Care Access (PMHCA) 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, as well as 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) grant, 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 trainings and supporting 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 PMHCA 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 Children with Special Health Needs Branch Early Intervention Section and the Maternal Child Health Branch. 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 leverage collaboration among different programs within the Department of Health's (DOH) Family Health Services Division (FHSD) that focus on the health and well-being of

women, children, and families. This initiative includes contributions from the following internal programs: Maternal Mental Health; Project LAUNCH; Adolescent Health; Family Planning; Home Visiting; and Early Intervention.

Additional partners include state agencies outside of FHSD, such as the DOH Child and Adolescent Mental Health Division; the DHS Med-QUEST Division; the John A. Burns School of Medicine (JABSOM); and the University of Hawaii Pacific Basin Telehealth Resource Center. Community partners also include the Hawaii Community Foundation (HCF) Promising Minds Initiative; The Queen's Medical Center; Project ECHO Hawaii; the Hawaii Primary Care Association (HPCA); and the American Academy of Pediatrics-Hawaii Chapter (HAAP). Ultimately, this multiagency, public-private collaboration strengthens outreach and access for providers, equipping them to better address the mental and behavioral health concerns of women, children, and families.

Plans for FY 2027 on the strategies follow.

Strategy 1: Promote workforce development and training on maternal and child behavioral health care

- Convene with FHSD program leads to discuss and assess current and upcoming training with FHSD programs staff to identify training offered, planned, and in development
- Compile and maintain a record of all training 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)
- Meet and collaborate with state agencies and community partners on training needs and plans

Strategy 2: Conduct an environmental scan of FHSD programs to identify assets and gaps, clarify the division's role in behavioral health, and align services with identified needs.

- Develop a mental health indicator data sheet of statewide and national mental health indicators and data points to strengthen a data-driven understanding of the state's mental health landscape and set the premise for the environmental scan
- Gather program-specific data from FHSD programs, including program descriptions, funding sources, activities conducted, staff capacity, client demographics, population and ages served, geographic location, and service utilization
- Produce a summary presentation to communicate key findings from the environmental scan, showcase the final mental health indicator data sheet, and garner feedback

Strategy 3: Develop and implement an action plan to establish a standard of practice for maternal and child mental health efforts in FHSD

- Convene FHSD staff to provide input on an Action Plan for the division, which will be used to establish a clear standard of practice for FHSD/Title V's coordination, investments, and partnerships in advancing maternal and child mental health efforts
- Develop a Final Action Plan that will outline FHSD/Title V's short- and long-term goals and establish clear, actionable next steps that strengthen coordination, guide investments and partnerships, and describe FHSD's role in maternal and child mental health
- Distribute a follow-up survey to FHSD staff and key partners to gather feedback on the Action Plan development process and its implementation, as well as plan for future actions and next steps

III.F. Public Input (Last Modified: FY 2027 Application/FY 2025 Annual Report)

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 continually 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 and reporting efforts are described in detail in the Needs Assessment Process, Findings, and the SSDI grant update. Additionally, ongoing community engagement initiatives are also described in the Family and Community Partnership narrative, although it was not updated for this year's report as an optional narrative. 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, there are no external stakeholders with a direct financial stake in the grant and its activities. As a result, gathering broad input for Title V can be challenging. The extensive scope of the Title V report, combined with the large number of FHSD programs, further complicates efforts to share information publicly in a clear and accessible way.

Most FHSD agency/program partners are vaguely aware of the Title V grant. Since the funds are used primarily for internal staffing, it is difficult to demonstrate the grant's direct benefits for the MCH population. Partners that receive HRSA/MCH Bureau funding tend to be knowledgeable about the Title V grant since they are often required to partner with the state Title V agency.

Expansion of Media Efforts. 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 continues to budget funding toward television/radio media campaigns coupled with digital media promotion to support health messaging, online resources, and service programs to engage the public. The media messaging was critical to the 2025 needs assessment to promote the statewide online survey promotion and is also critical to help promote participation in the ongoing PRAMS survey.

Strong Agency/Program Partners. FHSD's strength regarding public input and community engagement really occurs at the programmatic level, focusing on the specific Title V assessment and ongoing work for the Title V priority issues. FHSD's Title V staff who lead the work on each of the Title V priorities work in partnership with agencies, community providers, and families to get input and help guide program strategies and activities. 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.

Community Input for Title V Strategies and Measures

FHSD continues 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, partnered with HMIHC to complete a maternal health strategic plan that is now being implemented. Title V priorities are integrated into the plan.

NPM SS Safe Sleep. Work for this priority is conducted in partnership with Safe Sleep Hawaii (SSH), the statewide coalition that leads safe sleep promotion efforts. SSH has a varied membership, representing government agencies, nonprofits, for-profits, grassroots organizations, individual advocates, and family champions—all committed to preventing infant mortality through safe sleep practices.

Data for the Title V Safe Sleep measures are regularly shared with the community. Title V efforts focus on staffing and supporting the coalition to advance safe sleep education and outreach; coordinating crib giveaways to low-income families; maintaining the state safe sleep website; implementing paid media campaigns; offering free parenting classes and a new chat feature with curated information and resources. All activities are conducted in collaboration with SSH.

Families play a critical role in shaping these program efforts. Their input is directly shaping the complete redesign of Safe Sleep outreach materials and media campaigns, after both national and local messaging efforts were found to be confusing to many parents.

NPM DS Developmental Screening. The Developmental Screening program organized a broad 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 and have supported developmental screening training.

In 2025, the ECCS HIPP grant, which has centered community family voices into all grant activities, partnered on a unique project to promote developmental screening. The pilot is a partnership with the Maui nonprofit, Kākou 4 Keiki *(Hawaiian translation: All of us [together] for children)* and a Maui Federally Qualified Health Center (FQHC). The team opened a Screening Kiosk in the pediatric waiting room of the FQHC. The kiosk offered *Ages and Stages Questionnaires*® to all children five years old and younger and is sometimes staffed by parents. The project is designed to ensure that all young children are screened and connected to appropriate resources. The kiosk also supports an intake–referral–feedback loop considered essential for integrating services across pediatric care, maternal and infant health, and early childhood systems. This project strengthened connections among families, healthcare providers, and early childhood services within this Maui County community-based setting.

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.

To increase collaboration and input from youth directly, AHU participated in the National Maternal and Child Health

(MCH) Workforce Development Center (WDC) 2025 Learning Journey cohort. Through this initiative, the DOH and its community partners received invaluable technical assistance and coaching to establish a Youth Advisory Board that is designed to provide direct consumer feedback on a range of youth-oriented activities. Plans to recruit for youth members are scheduled to begin this fall.

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 improve the effectiveness of its transition planning services and materials.

SPM 1 Child Abuse & 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 at-risk, 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 in WIC services. Members included WIC staff from the state WIC office; WIC community clinics (including those in FQHCs); 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 continually 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.

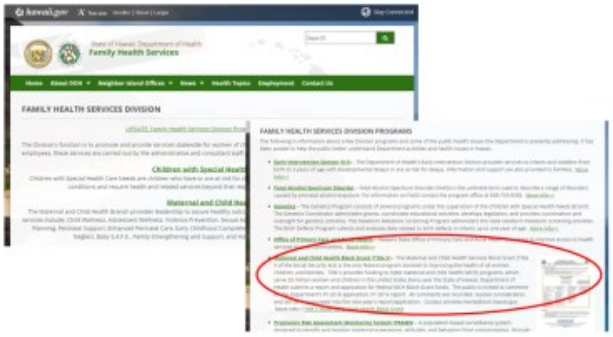
SPM 3: Child Mental Health Access. The major aim of this project funding was to develop a real-time consulting service staffed by mental health professionals to support pediatric primary care providers in addressing the behavioral needs of their clients. Over the past year, PMHCA staff developed critical 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 in 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.

The PMHCA grant also continues to provide extensive training on pediatric mental health for all service providers. As part of this effort, the program has sponsored several key partnership building meetings to improve collaboration around the growing number of mental health service providers and initiatives throughout the state.

Public Access to the Title V Report/Application

Once the report is submitted, the Hawaii Title V reports are posted on the DOH website: https://health.hawaii.gov/fhsd/home/title-v-maternal-child-health-block-grant/. The 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 2025, 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.

Workforce Development for Community Engagement. Title V workforce development efforts are advancing a structured, data-informed approach to community engagement and partnership building to ensure program priorities reflect the needs and perspectives of families and communities. Recent PH WINS data indicate that only 13% of staff have formal public health training, underscoring the need to strengthen public health decision-making capacity across FHSD. In April 2026, Title V issue leaders participated in a focused training designed to support a public health approach to strategy selection, emphasizing the use of existing data; assessment of current activities; and identification of essential partners whose engagement is critical in shaping strategies, activities, and initiatives. To sustain and deepen this work, a Title V community engagement toolkit is now under development to provide ongoing guidance, standardized processes, and practical resources that support continuous community input throughout

program planning, implementation, and evaluation. This effort will be further supported through FY 2026, including opportunities for sharing best practices among program staff to strengthen consistency, capacity, and collaboration across the division.

III.G. Technical Assistance (Last Modified: FY 2027 Application/FY 2025 Annual Report)

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 - Map_of_health_care_facilities_and_shortage_need_areas.pdf

Supporting Document #02 - Policy Review.pdf

Supporting Document #03 - NPM_NOM_Summaries.pdf

Supporting Document #04 - Glossary of Terms.pdf