

2025 MIECHV Needs Assessment Update

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Introduction

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is authorized by the Social Security Act, Title V, §511(c) (42 U.S.C. §711(c)) to support voluntary, evidence-based home visiting services for at-risk pregnant women with young children up to kindergarten entry¹. Decades of scientific research has established that visits to families' homes by trained staff (e.g., child development, nurse, social worker, etc.) during pregnancy and in the first years of a child's life improves their lives. Home visiting helps prevent child abuse and neglect; supports positive parenting; improves maternal and child health; and promotes child development and school readiness².

The purpose of Hawaii's MIECHV Statewide Needs Assessment is to identify at-risk communities as those communities and counties with concentrations of vulnerabilities. Identification of vulnerabilities and the current risk and resilience within communities can inform service delivery and action to better meet the needs of diverse children and families in Hawaii and support improved coordination of services across systems and providers.

Overview of Hawaii & Your Ohana Network

The state of Hawaii is comprised of seven inhabited islands located in four major counties: Hawaii, Maui, Honolulu, and Kauai. Spanning nearly 11,000 square miles (with a land mass of 6,422 square miles), the state is home to 1.4 million residents, with 70% living in Honolulu, the most populous county. The county is the lowest civil subdivision in the state. As a result, counties in Hawaii provide some services that, in other states, are provided by cities or towns (e.g., fire and police protection). 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. The ethnic composition of the state is heterogeneous, with no single ethnic majority. Combined, Caucasian, Japanese, Filipino, and Part-Hawaiian ethnicities represent 74% of the state's population.

Home visiting has been implemented as a strategy to support vulnerable families since 1975. The Your Ohana Network, a network of MIECHV-funded home visiting providers, delivers evidence-based home visiting models for pregnant women and families with children from birth to kindergarten entry.

The broad goals of the Your Ohana Network are to:

- ❖ Reduce rates of domestic violence
- ❖ Improve maternal and child health
- ❖ Improve family economic self-sufficiency
- ❖ Enhance coordination with community resources
- ❖ Prevent child abuse and neglect

In FY 2024, the Your Ohana Network consisted of 13 sites in nine communities across the state administered by six organizations conducting early identification (EID) and home visiting services. MIECHV programs are on all islands and counties of the state. In FY 2024, the program reached 489 families (some prenatally) and 532 children. Three evidence-based home visiting models have been

¹ Health Resources & Services Administration, U.S. Department of Health and Human Services. (2024). *Early Childhood Home Visiting Program National Program Brief*. <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf>.

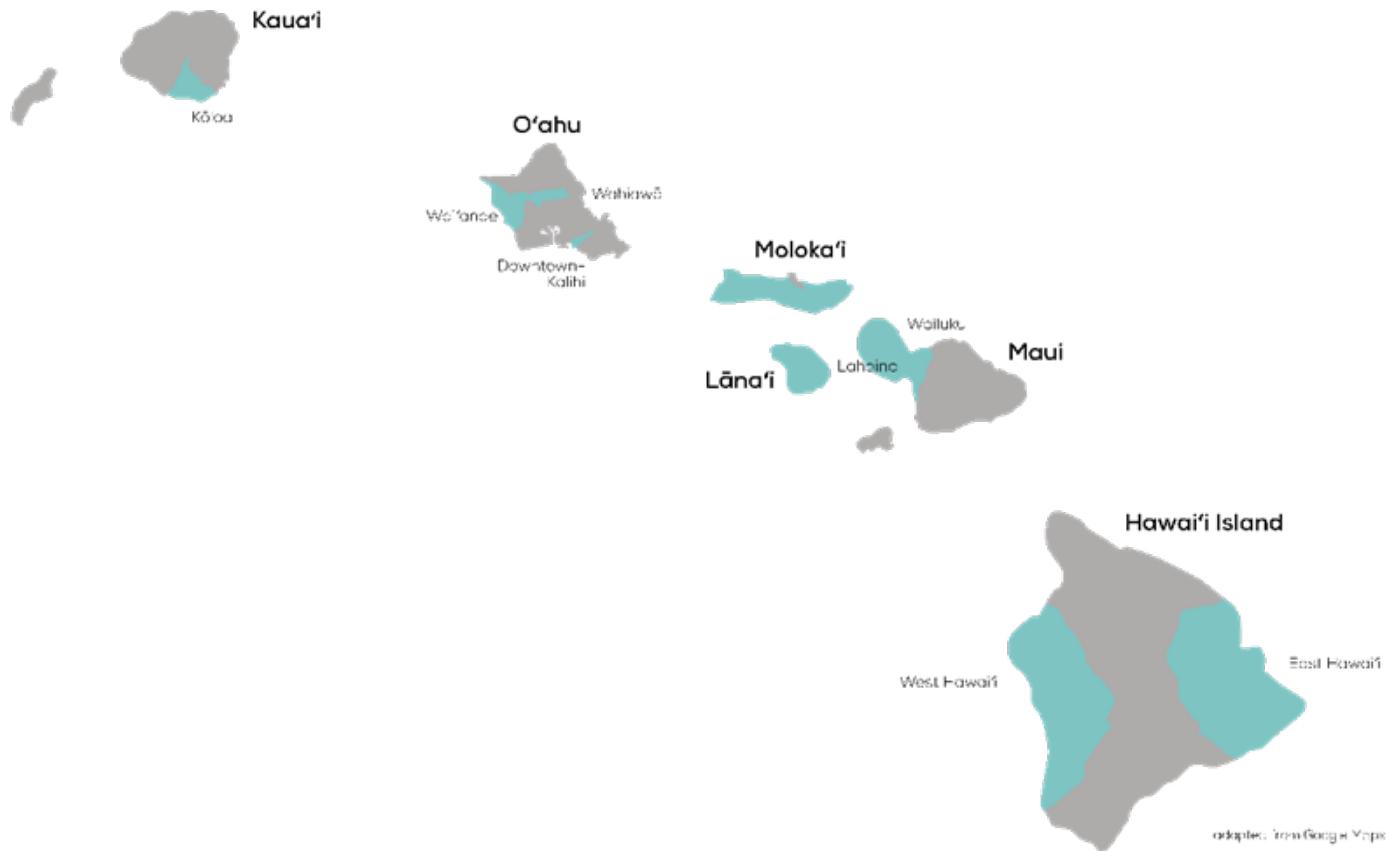
² Michaelopoulos C, Faucetta K, Warren A, Mitchell R (2017). *Evidence on the Long-Term Effects of Home Visiting Programs: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE)*. OPRE Report 2017-73.

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implemented: Healthy Families America (HFA); Home Instruction for Parents of Preschool Youngsters (HIPPY); and Parents as Teachers (PAT). Figure 1 shows the current service areas across the state.

Figure 1. Map of FY24 Service Areas, by Island



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Communities At Risk

Changes to Communities

Rationale for Changes

As noted above, Hawaii is made up of only four counties; as these counties are relatively diverse, focusing on only county-level statistics is highly likely to obscure local community needs and miss a significant number of families who are in need of home visiting services. Therefore, for the purposes of the Needs Assessment, counties are broken up into sub-county communities.

For the mandatory 2020 MIECHV Statewide Needs Assessment, the state was broken up into 35 Needs Assessment communities. The community names and boundaries were chosen to align with the Primary Care Needs Assessment (PCNA) conducted by the Hawaii State Department of Health (DOH) for the purposes of understanding the extent of primary care in Hawaii and identifying health disparities across communities¹. At the time, the PCNA community boundaries were useful, as the DOH provided community-level data for key health risk factors, and the focus on primary care was well-aligned with the MIECHV program objective of coordinating referrals for families to needed care.

However, in 2024, the Grantee team was notified that the PCNA boundaries were due to be significantly restructured or abolished due to changing data and programmatic needs at the DOH. Without these community boundaries to reference, the decision was made to abandon the existing sub-county community boundaries and define new communities specifically for the Needs Assessment update.

Description of Changes and Methodology

For Hawaii County and Maui County, all of the sub-county communities used in the 2020 Statewide Needs Assessment were already designated as at-risk, so the Grantee decided to simplify the Needs Assessment process by reducing the number of communities. As both counties have significant rural populations, it was considered infeasible to have separate Local Implementing Agencies (LIAs) for each 2020 Needs Assessment community. Therefore, adjacent communities were combined for the 2025 Needs Assessment to balance the need to have a significant number of families in each area, while maintaining the operational feasibility of serving the new, enlarged areas.

For Kauai County, only the Koloa community was designated as at-risk in the 2020 Needs Assessment. However, the Grantee remained concerned that there was significant community need that had not been adequately captured, as that result did not comport with the Grantee's expectations, nor with the experience of the LIA serving the Koloa region. Furthermore, restricting services to the Koloa region impeded the LIA's ability to recruit and enroll new families, as Koloa is a relatively small area with a correspondingly small population. As Kauai County is not large enough to be served by multiple LIAs, the Grantee decided to combine all of the 2020 Needs Assessment communities on Kauai island (where the vast majority of Kauai County residents live²) into a single community for the 2025 Needs Assessment update, with the goal of reassessing the changing community needs since the 2020 Needs Assessment.

¹ Family Health Services Division, Hawaii State Department of Health. (2016). *State of Hawaii Primary Care Needs Assessment Data Book 2016*. <https://health.hawaii.gov/fhsd/files/2015/04/pcna2016databook-c.pdf>

² The island of Niihau (population 84) to the west of Kauai island is considered part of Kauai County under state law. However, as the island is privately owned and access to outsiders is generally prohibited, the Grantee considers the island outside the scope of the MIECHV Needs Assessment. (<https://maps.geo.census.gov/ddmv/map.html>)

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Honolulu County proved to be the most challenging, as it is by far the most diverse, containing both some of the highest-risk areas as well as the only areas in the state deemed not to have sufficient community need to justify provision of MIECHV-funded services. The Grantee started with a heatmap of census-tract level data from the most recent American Community Survey to identify geographic areas of intense need. These areas were used to define a draft map of new community boundaries, which were reviewed by the LIAs to ensure that the new boundaries were operationally feasible and accurately reflected the needs of the communities that they serve.

As a result of this review, there were significant changes to the communities in Honolulu County:

- ❖ The existing Wahiawa community was combined with many of its neighboring communities to cover the south and center of the county, uniting military communities across multiple branches of the U.S. Armed Forces.
- ❖ The existing Downtown/Kalihi community was significantly expanded, taking in many of the urban neighborhoods to its east. While the Downtown/Kalihi area continues to have the most need overall, there are also significant areas of need that had not been identified in the 2020 Needs Assessment. The Grantee suspects that the previous community boundaries had skewed the data for the communities; by treating the entire urban area as one community, the figures clearly show significant need beyond the existing Downtown/Kalihi area.
- ❖ The existing Koolaupoko region was split into two. The heatmap used by the Grantee to determine community needs identified an area of urgent need in the Waimanalo community, but insufficient need for MIECHV services in the communities to its north. The 2020 Needs Assessment had combined all of these communities together, obscuring the need for home visiting services in Waimanalo.

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New Communities for the 2025 Needs Assessment Update

A summary of the changes to the Needs Assessment communities between 2020 and 2025 is provided in Table 1.

Table 1. Changes to Needs Assessment Communities

County	2020 Community	2025 Community	Notes
Hawaii	Hilo	East Hawaii	
	Puna		
	Hamakua		
	North Kohala		
	South Kohala	West Hawaii	
	North Kona		
	South Kona		
	Kau		
Maui	Hana	Maui	
	Makawao		
	Wailuku		
	Lahaina		
	Molokai	Molokai	No change.
	Lanai	Lanai	No change.
Honolulu	Hawaii Kai-Kaimuki	East Honolulu	No change to boundaries; only change of name.
	Waikiki-Palolo	Metro Honolulu	
	McCully-Makiki		
	Ala Moana-Nuuanu		
	Downtown-Kalihi		
	Airport-Moanalua	Southcentral	
	Hickam-Pearl City		
	Waipahu		
	Ewa-Kalaeloa		
	Kapolei-Makakilo		
	Mililani		
	Wahiawa		
	Waialua		
	Waianae	Leeward	No change to boundaries; only change of name.
	Koolauloa	Koolauloa	No change.
	Koolaupoko	Windward	
		Waimanalo	
Kauai	Hanalei	Kauai	
	Kapaa		
	Lihue		
	Koloa		
	Waimea		

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Selection of Indicators

For the Needs Assessment update, the Grantee has chosen to use a more diverse set of data points to determine community need, in order to more completely and accurately capture community need for home visiting services.

Social Vulnerability

Per the CDC¹, social vulnerability is defined as:

the demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities that encounter hazards and other community-level stressors. These stressors can include natural or human-caused disasters (such as tornadoes or chemical spills) or disease outbreaks (such as COVID-19).

The Social Vulnerability Index (SVI) used in the Needs Assessment update were developed by the CDC in order to expand disaster management and response from a focus on physical infrastructure to identifying areas where social factors impact resources (e.g., displacement of households and need for additional shelters)².

In the time period since the mandatory Statewide Needs Assessment in 2020, Hawaii has faced a number of natural and anthropogenic disasters, e.g., the COVID-19 pandemic; drinking water contamination around the Red Hill fuel storage tanks³; volcanic eruptions; wildfires, particularly in Lahaina; and ongoing damage to communities caused by sea level rise. As one of the goals of MIECHV is to connect families to crucial resources, the Grantee has determined that the use of the SVI data is necessary for the Needs Assessment update, as it tracks where additional social infrastructure is needed.

The 15 data points used from the SVI are as follows⁴. Data points were available at the census tract level; estimates are from the American Community Survey, using four-year estimates from 2018-2022:

- ❖ E_POV150: Persons below 150% of the federal poverty level.
- ❖ E_UNEMP: Civilian persons (age 16+) who are unemployed.
- ❖ E_HBURD: Housing units where annual incomes is less than \$75,000 and is cost-burdened (i.e., >30% of income is spent on housing costs).
- ❖ E_NOHSDP: Persons (age 25+) without a high school diploma.
- ❖ E_UNINSUR: Civilian, noninstitutionalized persons who are uninsured.
- ❖ E_AGE65: Persons aged 65 and older.

¹ Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention. (2024). *Social Vulnerability Index*. <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>

² Flanagan, Barry E.; Gregory, Edward W.; Hallisey, Elaine J.; Heitgerd, Janet L.; and Lewis, Brian. (2011). *A Social Vulnerability Index for Disaster Management*. Journal of Homeland Security and Emergency Management: Vol. 8: Iss. 1, Article 3. https://www.atsdr.cdc.gov/place-health/media/pdfs/2024/07/Flanagan_2011_SVIforDisasterManagement-508.pdf.

³ Troeschel AN, Gerhardstein B, Poniatowski A, et al. *Notes from the Field: Self-Reported Health Symptoms Following Petroleum Contamination of a Drinking Water System — Oahu, Hawaii, November 2021–February 2022*. MMWR Morb Mortal Wkly Rep 2022;71:718–719. DOI: <http://dx.doi.org/10.15585/mmwr.mm7121a4>.

⁴ Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention. (2022). *CDC/ATSDR SVI 2022 Documentation*. <https://www.atsdr.cdc.gov/place-health/media/pdfs/2024/10/SVI2022Documentation.pdf>

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- ❖ E_AGE17: Persons aged 17 and younger.
- ❖ E_DISABL: Civilian, noninstitutionalized persons with a disability.
- ❖ E_SNGPNT: Households with a single parent of child(ren) under age 18.
- ❖ E_LIMENG: Persons (age 5+) who reported speaking English “less than well.”
- ❖ E_MINRTY: Persons who identify as a minority, i.e.,
 - Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.
- ❖ E_MUNIT: Housing in structures with 10 or more units.
- ❖ E_CROWD: Households with more people than rooms.
- ❖ E_NOVEH: Households with no vehicle available.
- ❖ E_GROUPQ: Persons in group quarters.

To analyze the SVI data, the Grantee aggregated the census tract level data to a sub-county community level, and computed a percentage of persons, households, or housing units in each community, allowing for the percentage of impacted measurement units to be compared. These percentages were then converted into z-scores to identify which communities had risk factors that were at least one standard deviation above the mean. The final z-scores are shown in Table 2.

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Table 2. SVI Indicator z-scores, by Community¹

	E_POV150	E_UNEMP	E_HBURD	E_NOHSDP	E_UNINSUR	E_DISABL	E_SNGPNT	E_LIMENG	E_MINRTY	E_MUNIT	E_MOBILE	E_CROWD	E_NOVEH	E_GROUPQ
East Hawaii	1.3398	0.7141	0.3936	-0.2065	0.3936	0.6409	-0.3072	1.9830	0.1665	-0.4624	-0.2244	-0.6667	0.5062	-0.6251
West Hawaii	0.3969	0.2938	-0.1391	-0.5325	0.9372	0.6779	-0.1572	-0.1892	-0.5415	0.1392	-1.5996	-0.0914	-0.1788	-0.2435
Maui	-0.2659	0.3063	-0.2274	-0.2840	0.7088	-0.1174	-0.2925	-0.9514	-0.0923	-0.3817	-0.9629	0.3937	0.8141	-0.0087
Molokai	0.9661	0.2839	0.1423	0.5619	-1.1114	0.0219	0.8175	1.1228	-0.1662	0.4239	0.9523	-0.0853	-0.8022	0.5170
Lanai	-0.5845	-1.4773	-1.4071	-0.0125	-0.6589	0.2679	-0.6519	1.3643	2.6587	1.0264	0.9169	-0.8536	-0.9177	-0.2626
East Honolulu	-1.4524	-0.8729	-1.3928	-1.4510	-1.3218	2.0310	-1.2280	-0.7269	-0.9278	-0.3690	-0.1378	-0.1336	-0.3019	-1.5674
Metro Honolulu	0.5330	0.3546	1.6461	0.6861	0.2202	0.5885	-1.6787	-0.0808	-0.7448	2.7983	0.7289	3.1012	2.0225	0.0938
Southcentral	-0.7659	-0.7772	0.4562	0.1877	-0.6405	-1.0502	0.2526	-0.6258	-0.3050	-0.0067	0.5819	0.0608	1.7531	-0.3554
Leeward	1.8930	2.1766	1.9052	1.3556	0.9857	-1.7515	2.1950	0.4482	0.6619	-0.4860	1.3250	0.0205	-0.7484	1.7508
Koolauloa	0.0568	1.1140	0.2746	-1.0157	1.7396	-1.4905	0.7104	-1.2509	-0.6612	-0.7455	-1.1382	-0.5194	-0.8099	0.3528
Windward	-1.2244	-0.9404	-0.6453	-1.2779	-1.1915	-0.0159	-0.3712	-0.9694	-0.5647	-0.8660	-0.8972	-0.4052	-0.5329	-1.1743
Waimanalo	-0.7908	-0.5624	-0.8829	2.0399	-0.7953	-0.1842	0.9027	0.3653	1.1905	-0.9265	1.1939	-0.7612	-0.8946	1.9642
Kauai	-0.1017	-0.6132	-0.1234	-0.0512	0.7343	0.3817	-0.1915	-0.4891	-0.6741	-0.1441	-0.7389	-0.0598	0.0906	-0.4415

¹ Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention. (2024). SVI Data & Documentation Download. <https://www.atsdr.cdc.gov/place-health/php/svi/svi-data-documentation-download.html>

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Income Inequality

In the 2020 Statewide Needs Assessment, income inequality, as measured by the Gini coefficient, was used as one of the socioeconomic status indicators.

Income inequality has key impacts on maternal and child health outcomes. First, increasing inequality generally implies that there is a large contingent of lower-income workers. Low incomes are known to have significant health outcomes on both caregiver and child:

As income inequality increases, lower income workers see their income stagnate or even decline, a relationship described as the “concavity effect.” Lower incomes predispose individuals to worse health directly through exposure to harmful environments, decreased opportunities for educational and occupational advancement, and a decreased ability to prevent and cope with disability and disease...

Poverty has a pernicious intergenerational effect, as impoverished mothers are more likely to have unplanned pregnancies, reduced access to prenatal care, higher rates of smoking and obesity, and worse overall health. These disadvantages continue among children, with poverty causing increased exposures to stress, violence, and environmental hazards that negatively affect physical health, socioemotional development, and educational achievement¹.

In addition to the lower income, the inequality itself also has a pernicious effect on health outcomes:

In unequal societies, differences in status are more prominent and fixation with one's socioeconomic status can result in chronic stress from constant social comparisons, learning to expect negative outcomes, and a sense of hopelessness... Inequality creates frustration, stress, and a sense of being left behind, leading to lower levels of trust, happiness, and life satisfaction. The social stressors present in an unequal society can drive individuals into detrimental coping mechanisms, and rates of drug and alcohol abuse, gambling, compulsive eating, and violence are higher in unequal societies¹.

Thus, the Grantee has elected to retain this domain for the 2025 Needs Assessment update.

The key data point in use for this domain is the Gini coefficient, which is available at the census tract level. To analyze the data, the Grantee computed the product of the Gini coefficient and the population for each census tract and aggregated the results by sub-county community level in order to generate a weighted average for each community. The weighted averages were converted to z-scores in order to identify communities having an average Gini coefficient at least one standard deviation above the mean.

¹ American Public Health Association (2017). APHA Policy Statement 20179: Reducing Income Inequality to Advance Health. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2018/01/18/reducing-income-inequality-to-advance-health>

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The final z-scores are shown in Table 3:

Table 3. Income Inequality, by Community

	Income Inequality
East Hawaii	1.07
West Hawaii	0.90
Maui	-0.02
Molokai	0.82
Lanai	-0.68
East Honolulu	-0.46
Metro Honolulu	0.90
Southcentral	-2.00
Leeward	-0.15
Koolauloa	-0.61
Windward	-1.43
Waimanalo	1.55
Kauai	0.11

Access to Information

In the 2020 Statewide Needs Assessment, the Grantee included a measure for “Access to Information,” which measured access to broadband internet; this was included “in recognition of society’s increasing reliance on internet and cellular services for information, work, social interaction and education.”

However, in the period after the Needs Assessment was conducted, the COVID-19 pandemic caused the “increasing reliance” to become an absolute reliance, due to the state stay-home orders. A lack of in-person contacts across life in general meant that community supports moved entirely online, and families without access to internet were effectively shut out of crucial resources designed to support them through the pandemic. Were it not for the Grantee providing funds for families to remain connected, those families would have been shut out of home visiting services as well.

As a result, the Grantee has elected to keep Access to Information as a key domain in the Needs Assessment update. There are two data points in use for this domain:

- ❖ Percentage of households with broadband internet subscription.
- ❖ Percentage of households who only have access to broadband internet via a cellular data plan with no other type of internet subscription.

To analyze the broadband access data, the Grantee aggregated the census tract level data to a sub-county community level, and computed a percentage of households in each community, allowing for the percentage of households to be compared. These percentages were then converted into z-scores to identify which communities had risk factors that were at least one standard deviation below the mean (broadband access) or above the mean (access only via mobile phone). The final z-scores are shown in Table 4.

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Table 4. Access to Information, by Community¹

	Households With Broadband	Households With Only Mobile Broadband
East Hawaii	-0.31	0.38
West Hawaii	-1.72	-0.52
Maui	0.75	0.28
Molokai	-0.01	1.80
Lanai	0.26	1.94
East Honolulu	-0.02	-0.94
Metro Honolulu	-0.46	0.67
Southcentral	-2.25	-0.79
Leeward	0.38	0.08
Koolauloa	0.78	-0.84
Windward	0.94	-1.06
Waimanalo	0.98	-0.16
Kauai	0.68	-0.83

School Readiness & Achievement

As school readiness and achievement are key outcomes of the MIECHV program, the Grantee has opted to include community school readiness factors as part of the Needs Assessment. As noted above, Hawaii is the only state that operates schools at the state, rather than local, level. This means that there is consistent data available for public schools available through the Hawaii State Department of Education (DOE) that can be used to assess schooling needs across the state.

The Grantee is using two sources of data from the DOE: demographic data about students attending schools in each community; and the results of the most recent Kindergarten Entry Assessment (KEA), which provides a useful measure for school readiness in the community at large. In areas with relatively poor KEA scores, home visiting can have a greater impact on school readiness for enrolled children.

Demographic data is up to date as of the 2023-2024 school year and includes:

- ❖ Percentage of students who are economically disadvantaged.
- ❖ Percentage of students receiving special education services.
- ❖ Percentage of students who are English learners.

For some smaller schools within the DOE, data for one or more demographics is suppressed for student privacy reasons and is thus unavailable.

KEA data is available for the current (2024-2025) school year and provides the percentage of kindergarten students who screened as “demonstrating,” “approaching,” and “emerging” proficiency for kindergarten entry. Data for public charter schools is unavailable for the KEA data set.

While school catchment areas do not align precisely with the sub-county community boundaries used by the Grantee to define Needs Assessment communities, the availability of individual school-level data allows for a reasonable approximation on a community level for both data sets. All DOE schools were assigned to the same Needs Assessment community for both data sets.

¹ U.S. Census Bureau, U.S. Department of Commerce. "Types of Computers and Internet Subscriptions." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2801*, 2023, <https://data.census.gov/table/ACSST5Y2023.S2801?q=broadband%20access&moe=false>

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To analyze the school readiness data, the Grantee aggregated the school level data to a sub-county community level, and computed a percentage of students in each community; these percentages were then converted into z-scores to identify which communities had risk factors that were at least one standard deviation above the mean. The final z-scores are shown in Table 5.

Table 5. Student Demographics and Readiness, by Community^{1 2}

	Economically Disadvantaged	Special Education	English Learners	School Readiness – Approaching	School Readiness – Emerging
East Hawaii	0.45	0.31	-0.44	-0.37	0.34
West Hawaii	0.55	-0.97	1.34	-0.92	0.78
Maui	-0.09	-0.47	0.34	0.42	0.30
Molokai	1.56	-0.32	-1.21	2.83	-0.15
Lanai	-0.61	1.03	1.15	-1.04	1.55
East Honolulu	-2.06	-1.33	-0.14	-0.75	-1.73
Metro Honolulu	-0.18	-0.99	2.31	-0.09	0.15
Southcentral	-0.88	-0.65	-0.09	0.20	-0.27
Leeward	1.06	1.41	-0.39	-1.25	1.87
Koolauloa	-0.08	0.00	-0.94	0.64	-1.25
Windward	-0.98	0.64	-1.04	0.30	-1.21
Waimanalo	1.56	2.10	-0.76	0.17	-0.08
Kauai	-0.31	-0.76	-0.13	-0.14	-0.30

Health Workforce Availability

In the period since the 2020 Statewide Needs Assessment, the Grantee has become increasingly concerned about workforce issues. In addition to chronic vacancies with the home visiting workforce, there are increasing concerns about the availability of the healthcare workforce in general, particularly after COVID-related burnout in many settings³. A reduction in the availability of such resources will impact families' ability to access services, increasing the need for home visitors to help families navigate their remaining options and having consistent follow-up on those community referrals.

The Grantee has two data sets for this domain: health workforce shortage estimates from the University of Hawaii (UH) and HRSA's Health Professional Shortage Area (HPSA) designations. From the UH dataset, the Grantee computed the percentage of shortage (i.e., the number of healthcare FTEs needed divided by the total demand) for Primary Care, which has the most direct impact on family health outcomes. Data for the General Internal Medicine and Pediatrics sub-specialties is used for the Needs Assessment. From the HRSA dataset, the Grantee identified the number of geographic HPSAs for each community.

¹ Hawaii State Department of Education (2023). *Strive HI Performance Report*. <http://arch.k12.hi.us/reports/strivehi-performance>

² Hawaii State Department of Education. (2024). *Update on Strategic Plan Desired Outcome 1.1.1. All entering kindergarten students are assessed for social, emotional, and academic readiness and provided necessary and timely support to develop foundational skills for learning*. https://boe.hawaii.gov/wp-content/uploads/2024/11/2024-11-21_SAC_kindergarten-entry-assessment.pdf

³ University of Hawaii System. (2024). *Report to the 2025 Legislature – Annual Report of Findings from the Hawaii Physician Workforce Assessment Project*. https://www.hawaii.edu/govrel/docs/reports/2025/act18-sslh2009_2025_physician-workforce_annual-report_508.pdf

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The UH projections are available on a county level; the HRSA data are available at a sub-county level for Honolulu County and at the county level for all other counties in Hawaii¹. Due to the fact that the four county-level data sources were used, z-scores were not used to facilitate comparisons; the shortage data is shown in Table 6.

Table 6. Health Workforce Shortages^{2 3}

Community	County	% Shortage – General Internal Medicine	% Shortage – Pediatrics	Number of HPSAs
East Hawaii	Hawaii	48.2%	5.3%	1
West Hawaii	Hawaii	48.2%	5.3%	1
Maui	Maui	27.9%	10.0%	2
Molokai	Maui	27.9%	10.0%	2
Lanai	Maui	27.9%	10.0%	2
East Honolulu	Honolulu	11.6%	0.0%	0
Metro Honolulu	Honolulu	11.6%	0.0%	0
Southcentral	Honolulu	11.6%	0.0%	0
Leeward	Honolulu	11.6%	0.0%	1
Koolauloa	Honolulu	11.6%	0.0%	0
Windward	Honolulu	11.6%	0.0%	0
Waimanalo	Honolulu	11.6%	0.0%	0
Kauai	Kauai	15.5%	22.4%	2

Crime

Crime is also a key area of concern for MIECHV, and the Grantee has taken the opportunity to provide updated figures for this domain. Because policing is mostly a county-level function, availability of data is inconsistent: there is sub-county data available for Honolulu and Maui Counties, but only county-level data available for Hawaii and Kauai County; additionally, data from Honolulu County and Maui County is available for 2023, but data for Hawaii County and Kauai County are only available for 2021.

For Honolulu County, while police beat districts do not align precisely with the sub-county community boundaries used by the Grantee to define Needs Assessment communities, they do allow for a reasonable approximation on a community level. Maui County beat districts align with the sub-county community boundaries, so values do not need to be approximated¹.

As each county police department reports data based on the FBI's Uniform Crime Reporting (UCR) program requirements, the data sets reported across departments are relatively similar. UCR defines seven "index crimes" that are tracked, namely⁴:

¹ As noted above, the population of Kauai County is nearly all located on the island of Kauai, so the county-level data provides an adequate approximation for the Kauai Needs Assessment community.

² Health Resources & Services Administration, U.S. Department of Health and Human Services. (2024). *HPSA Find*. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

³ University of Hawaii System. (2024). Report to the 2025 Legislature – Annual Report of Findings from the Hawaii Physician Workforce Assessment Project. https://www.hawaii.edu/govrel/docs/reports/2025/act18-sslh2009_2025_physician-workforce_annual-report_508.pdf

⁴ Uniform Crime Reporting Program, Criminal Information Services Division, Federal Bureau of Investigation. (2013). *Summary Reporting System (SRS) User Manual*. <https://le.fbi.gov/file-repository/summary-reporting-system-user-manual.pdf/view>

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- ❖ Murder, i.e., the willful, non-negligent killing of one human being by another.
- ❖ Rape, i.e., penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
- ❖ Robbery, i.e., the taking or attempted taking of anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear.
- ❖ Aggravated Assault, i.e., an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury; this type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm.
- ❖ Burglary, i.e., the unlawful entry of a structure to commit a felony or a theft.
- ❖ Larceny, i.e., the unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another.
- ❖ Auto Theft, i.e., the theft or attempted theft of a motor vehicle.

As community-level data was available for most communities, the Grantee aggregated the crime rates per 10,000 population to a sub-county community level, allowing for the rates to be compared. These rates were then converted into z-scores to identify which communities had risk factors that were at least one standard deviation above the mean. Due to a lack of community-level data, East Hawaii and West Hawaii both use Hawaii County level data. The final z-scores are shown in Table 7.

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Table 7. Crime Rates, by Community^{1 2 3}

Community	Murder	Rape	Robbery	Agg. Assault	Burglary	Larceny	Auto Theft
East Hawaii	0.22	0.41	-0.34	-0.32	0.71	0.07	0.38
West Hawaii	0.22	0.41	-0.34	-0.32	0.71	0.07	0.38
Maui	-0.13	0.21	-0.30	1.64	1.04	0.59	1.71
Molokai	-0.60	-0.47	-0.89	1.32	1.62	-0.51	-0.70
Lanai	-0.60	2.98	-1.11	0.83	-1.48	-1.82	-1.36
East Honolulu	-0.60	-1.02	-0.51	-1.40	-0.68	0.09	-0.48
Metro Honolulu	-0.17	0.07	2.59	0.15	0.97	2.42	1.87
Southcentral	-0.20	-0.72	-0.14	-0.90	-1.15	-0.47	-0.24
Leeward	3.09	0.09	1.17	0.81	-0.11	-0.13	-0.35
Koolauloa	0.60	-0.34	0.02	-0.66	0.32	1.09	1.16
Windward	-0.39	-0.73	-0.73	-1.45	-1.45	-0.68	-0.60
Waimanalo	-0.60	-0.66	0.78	-0.65	-0.47	-0.11	-0.59
Kauai	-0.60	0.17	-0.54	0.63	0.67	-0.55	-0.79

¹ Honolulu Police Department (2023). *Honolulu Police Department 2023 Annual Report*. <https://www.honolulupd.org/wp-content/uploads/2024/05/HPD -AR 2023 FINAL PDF-A REDUCED.pdf>

² Maui Police Department. (2023). *Maui Police Department 2023 Annual Report*. https://www.mauipolice.com/uploads/1/3/1/2/131209824/2023_mpd_annual_report.pdf

³ Crime Prevention & Justice Assistance Division, Hawaii State Department of the Attorney General. (2024). *Crime in Hawaii 2021: A Review of Uniform Crime Reports*. <https://ag.hawaii.gov/cpia/files/2024/08/Crime-in-Hawaii-2021.pdf>

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Child Maltreatment

Child maltreatment continues to be a priority area for the Grantee as well as for MIECHV as a whole. As home visiting has shown to have a positive impact on reductions of child maltreatment, it is vital that resources are targeted to communities with additional need for family supports to prevent future cases of child abuse and neglect. The data set used for the domain is derived from the unduplicated number of confirmed child abuse and neglect (CAN) cases reported by the Hawaii State Department of Human Services (DHS).

While DHS does provide data about sub-county geography for CAN cases, there is a significant number of cases for which sub-county geography data is unavailable. The missingness varies widely – more than 60% of cases in Hawaii County and over half the cases in Maui County are missing sub-county geographic information, while less than 10% of cases in Honolulu County are missing sub-county geography¹. Removing the cases with missing data would cause hundreds of CAN cases to be excluded from the analysis, which would almost certainly skew the results.

Therefore, the Grantee has elected to use county-level data for all counties except Honolulu County, as all reported cases have county identifiers. While the DHS reporting districts do not align precisely with the Needs Assessment communities, the figures are considered sufficient approximations of the rate of CAN cases. Furthermore, when DHS reporting districts overlap two Needs Assessment communities, the same figure is provided for both communities.

Due to the fact that most communities do not use sub-county level data, z-scores were not used to facilitate comparisons. The rate of confirmed child abuse reports per 1,000 children is shown in Table 8.

Table 8. Confirmed Child Abuse Reports per 1,000 Children^{2,3}

Community	County	Rate of Confirmed CAN cases, per 1,000 Children
East Hawaii	Hawaii	10.25
West Hawaii	Hawaii	10.25
Maui	Maui	4.85
Molokai	Maui	4.85
Lanai	Maui	4.85
East Honolulu	Honolulu	2.76
Metro Honolulu	Honolulu	2.76
Southcentral	Honolulu	2.25
Leeward	Honolulu	7.34
Koolauloa	Honolulu	3.56
Windward	Honolulu	2.86
Waimanalo	Honolulu	2.86
Kauai	Kauai	8.01

¹ As noted above, the population of Kauai County is nearly all located on the island of Kauai, so the county-level data provides an adequate approximation for the Kauai Needs Assessment community. Therefore, there is effectively no missing data for Kauai.

² U.S. Census Bureau, U.S. Department of Commerce. "Age and Sex." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0101, 2023, <https://data.census.gov/table/ACSST1Y2023.S0101?q=age>.

³ Hawaii State Department of Human Services. (2021). A Statistical Report on Child Abuse and Neglect in Hawaii. <https://humanservices.hawaii.gov/wp-content/uploads/2023/01/2021-CAN-report-print.pdf>

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Identified At-Risk Communities

Based on the domains above, the Grantee summarized the overall risk for each domain as follows:

- ❖ Social Vulnerability: At least one factor for which the z-score exceeds 1.
- ❖ Income Inequality: The z-score for the weighted average of the Gini coefficient exceeds 1.
- ❖ Access to Information: Either the z-score is less than 1 (for internet access) or greater than 1 (for access only through mobile device).
- ❖ School Readiness: At least one factor for which the z-score exceeds 1.
- ❖ Health Workforce: At least one sub-specialty for which the shortage exceeds the state average (i.e., 17.2% for general internal medicine and 2.18% for pediatrics) and/or more than one HPSA.
- ❖ Crime Rates: At least one factor for which the z-score exceeds 1.
- ❖ Child Maltreatment: Counties for which the rate of confirmed CAN cases exceeds the state average of 4.60 cases per 1,000 children.

To determine the overall need for MIECHV-funded home visiting services, the Grantee determined that a community should be served if there are more than one risk domain that indicates community risk. **As such, all communities other than Windward and East Honolulu are designated as at-risk communities for the purposes of the Needs Assessment.** The summary of risk for each community is shown in Table 9.

Table 9. Summary of Risk by Community

Community	Social Vulnerability	Access to Information	Income Inequality	School Readiness	Health Workforce Shortages	Crime Rates	Child Maltreatment	Number of Risk Domains
East Hawaii	Yes	No	Yes	No	Yes	No	Yes	4
West Hawaii	No	Yes	No	Yes	Yes	No	Yes	4
Maui	No	No	No	No	Yes	Yes	Yes	3
Molokai	Yes	Yes	No	Yes	Yes	Yes	Yes	6
Lanai	Yes	Yes	No	Yes	Yes	Yes	Yes	6
East Honolulu	Yes	No	No	No	No	No	No	1
Metro Honolulu	Yes	No	No	Yes	No	Yes	No	3
Southcentral	Yes	Yes	No	No	No	No	No	2
Leeward	Yes	No	No	Yes	No	Yes	Yes	4
Koolauloa	Yes	No	No	No	No	Yes	No	2
Windward	No	No	No	No	No	No	No	0
Waimanalo	Yes	No	Yes	Yes	No	No	No	3
Kauai	No	No	No	No	Yes	No	Yes	2

State Contextual and New Factors Contributing to Risks

COVID-19 Pandemic

The pandemic has had substantial impacts on employment, mental health, childcare, and health in Hawaii. There have been layoffs across business sectors; however, the service and hospitality sector has experienced the greatest losses. Statewide, Hawaii's April unemployment rose to 25%, the 3rd highest in the country¹. The impacts are felt most in the neighbor islands and is not reflected in the unemployment numbers used in the Needs Assessment. Schools and childcare services have been altered with closures, reduction in numbers, delayed opening, and remote learning for school-age children. The burden on families with young and school aged children is greatest.

Housing

Compounding the unemployment numbers is the high cost of housing, which is the primary factor contributing to Hawaii's high cost of living. Housing costs are the highest in the U.S. The burden of high housing costs results in less income available for other household and living expenses. Nearly half the state's population has been identified as Assets Limited, Income Constrained, and Employed (ALICE), i.e., individuals who are employed yet living paycheck to paycheck without resources to manage if illness or unanticipated expenses arise. Hawaii has the highest cost of living in the nation – nearly 65% higher than the national average². As a result of this, Hawaii has the highest rate of multigenerational households in the nation, at 11.1%³.

Quality and Capacity of Programs

As specified in the authorizing statute and the Supplemental Information Request for the MIECHV Statewide Needs Assessment, the quality and capacity of existing programs and initiatives for early childhood home visiting across the state were assessed. The assessment methodology included a review of program records and data, interviews with local implementing agency staff and community partners. The program review included:

- ❖ Number and types of families who receive services
- ❖ Gaps in early childhood home visiting services
- ❖ Indicators of whether early childhood home visiting services are meeting the needs of eligible families
- ❖ Availability of ancillary support services
- ❖ Program staffing and training
- ❖ Program capacity

¹ Bureau of Labor Statistics, U.S. Department of Labor. (2020). The Economics Daily, *43 states at historically high unemployment rates in April 2020*. <https://www.bls.gov/opub/ted/2020/43-states-at-historically-high-unemployment-rates-in-april-2020.htm>

² Aloha United Way (2017). *ALICE: A Study of Financial Hardship in Hawaii*. https://unitedforalice.org/Attachments/AllReports/17UW_ALICE_Report_HI_11.9.18_Final_Lowres.pdf

³ U.S. Census Bureau. (2012). *Multigenerational Households: 2009-2011*. <https://www2.census.gov/library/publications/2012/acs/acsbr11-03.pdf>

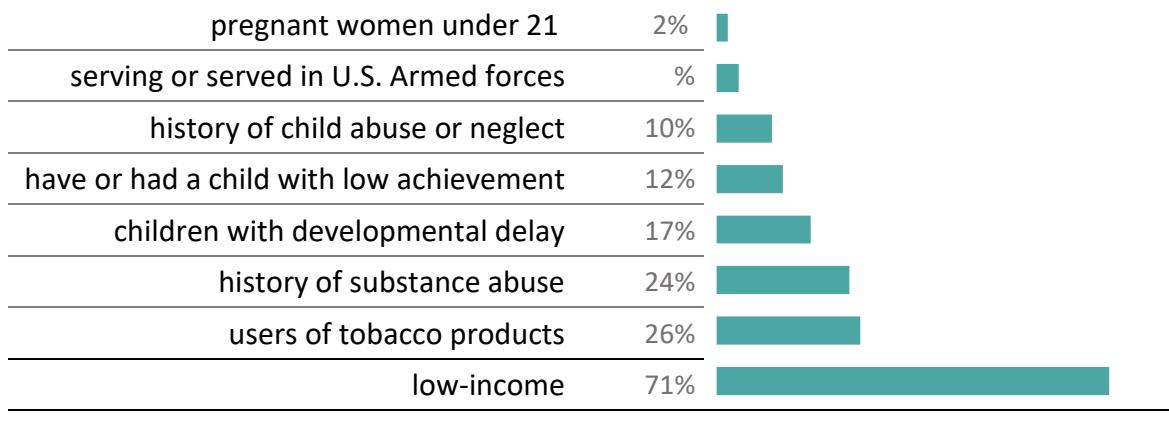
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Demographic Characteristics of Caregivers and Children

Caregivers were primarily pregnant women or other female caregivers, racially diverse, low-income, not graduates of a college or technical school, and/or members of priority populations (Figure 2).

Figure 2. Families in Home Visiting Who Belonged to Priority Populations



^a Families could belong to more than one priority population. "Low-income" was defined as belonging to a household with an income at or below 100% of the Hawaii-adjusted Federal poverty guidelines.

^b Total population: N = 489 in FY 2024.

Of Hawaii MIECHV participants, the caregiver population was young: approximately one-third (37%) were younger than 30 years old. Programs serve children between the ages of birth and five years of age; two-thirds of children enrolled were younger than three years.

Meeting Family Needs: MIECHV Benchmark Performance

MIECHV programs report data annually pertaining to the following benchmark areas:

- ❖ Maternal and Newborn Health
- ❖ Child Injuries, Maltreatment, and Reduction of Emergency Department Visits
- ❖ School Readiness and Achievement
- ❖ Crime or Domestic Violence
- ❖ Family Economic Self-Sufficiency
- ❖ Coordination and Referrals

As a MIECHV grantee, Hawaii has met the performance guidelines¹ as specified by the Health Resources and Services Administration (HRSA), demonstrating that the program results in improvements for eligible families participating in the program in at least four of the six benchmark areas defined above.

¹ Health Resources & Services Administration, U.S. Department of Health and Human Services (2016). *Demonstrating Improvement in the Maternal, Infant, and Early Childhood Home Visiting Program*. Report to Congress.

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf>

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Measures are categorized as either performance indicators or systems outcomes. Performance indicators assess home visiting as an intervention; systems outcomes are less sensitive to change from home visiting alone due to differences like available system infrastructure at the state or community level. Performance data and full descriptions of the systems outcomes and performance indicators for the six benchmark areas are included in Appendix A for FY 2024.

Strengths of the Program

Safe Sleep

Sleep-related deaths account for the greatest number of preventable deaths of infants younger than one year of age. The American Academy of Pediatrics (AAP) recommends that all infants are placed to sleep on their backs in a crib alone, without bed sharing or soft bedding¹. In Hawaii, approximately 35.4% of babies usually sleep in an environment that meets all AAP recommendations². In FY 2024, 87.0% of infants enrolled in home visiting were always placed to sleep on their backs without soft bedding or bed sharing, a rate more than double that of infants statewide.

Intimate Partner Violence (IPV) Screens and Referrals

IPV is violence or aggression perpetrated by a current or former spouse/partner. Nearly one in four women in the U.S. has experienced IPV in her lifetime³. Those who experience or witness IPV can experience severe consequences to their physical, emotional, and mental health, including the following: injuries, depression, anxiety, and poor coping mechanisms. Routine assessment of IPV in health care settings is lacking; an average of 48.1% of Hawaii mothers surveyed by the Pregnancy Risk Assessment Monitoring System (PRAMS) between 2009 and 2013 reported that IPV was discussed with them by a healthcare worker during prenatal visits⁴.

Home visiting programs aim to identify and refer possible IPV cases to safety and counseling services. In FY 2024, 93.8% of female primary caregivers were screened for IPV within six months of enrollment in home visiting services using the Relationship Assessment Tool; 100% of those who screened positive were referred to services.

Child Development Surveillance

Early identification and intervention for developmental delays can significantly improve a child's developmental trajectory. The AAP recommends that pediatricians address developmental concerns at each visit in a child's first five years of life. The question "do you have concerns about your child's development, behavior, or learning?" is phrased intentionally to include the word "behavior" as developmental delays usually manifest as behavioral issues⁵. Home visiting has adopted this systematic

¹ Task Force on Sudden Infant Death Syndrome: Moon RY, Darnall RA, Feldman-Winter L, Goodstein MH, Hauck FR (2016). *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*. Pediatrics. 138(5): e20162938. DOI: 10.1542/peds.2016-2938.

² Elia J, Roberson E, Niitani L (2013). *Hawaii Safe Sleep Quick Facts*. http://health.hawaii.gov/mchb/files/2013/05/HawaiiSafeSleepQuickFacts_2013Update.pdf

³ Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2017). *Preventing Intimate Partner Violence*. <https://www.cdc.gov/violenceprevention/pdf/ipv-factsheet.pdf>

⁴ The Hawai'i Health Data Warehouse, Hawai'i Pregnancy Risk Assessment Monitoring System (2017). *PRAMS Health Indicator Aggregate Report – Discuss physical abuse with HCW during PNC*. hhdw.org/wp-content/uploads/2017/04/PRAMS_Injuries_AGG5_00001.pdf

⁵ Centers for Disease Control and Prevention (2018). *Facts About Developmental Disabilities*. <https://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html>

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developmental surveillance to help link parents to pediatric and/or early intervention services as soon as a considerable concern is raised; in FY 2024, parents were asked about developmental concerns in 99.9% of all home visits.

Additionally, home visiting programs conduct regular developmental screens, following the recommended schedule as set out by the AAP. Screens facilitate early diagnosis of children with developmental delays, thereby enabling early intervention and improved outcomes. In FY 2024, 86.8% of children enrolled in home visiting received at least one developmental screen at 9, 18, 24, or 30 months of age; only 31.1% of children in the U.S. and 39.1% of children in Hawaii received a similar screen¹.

Early Language and Literacy

Children given early and frequent exposure to language and literacy activities (e.g., stories and songs) in order to build skills important to future cognitive functioning and success. In FY 2024, 98.3% of enrolled caregivers read, sang, and/or told stories to their children daily; only 47% of all families in Hawaii read stories and/or sang to their children during a similar timeframe².

Hawaii MIECHV Program Capacity

The Your Ohana Network of Hawaii's MIECHV local implanting agencies consists of seven different service providers and many dozens of community partners working with the state to provide services to at-risk families and communities. Table lists the provider organizations, their service area, the evidence-based home visiting model implemented, and service capacity for FY 2020.

Table 10. MIECHV-funded Home Visiting Programs by Agency, Service Area, and Capacity (FY 2024)

Name of Provider	Model(s)	Service Area	Maximum Capacity	85% Utilization (HRSA Standard)
Keiki o Ka Aina	PAT HIPPY	Wahiawa	94	81
Keiki o Ka Aina	PAT HIPPY	Wailuku – Lahaina	94	81
Keiki o Ka Aina	PAT HIPPY	North Kona – South Kona	94	81
Keiki o Ka Aina	PAT HIPPY	Koloa	26	23
Parents And Children Together	HFA	Downtown/Kalihi	60	51
INPEACE	PAT	Waianae	103	88
INPEACE	PAT	Molokai	34	29
YWCA of Hawaii Island	HFA	Hilo – Puna	51	44
Maui Family Support Services	HFA	Lanai	17	15
Statewide Totals:			573	493

¹ National Survey of Children's Health (2016-2017). *Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.* <https://www.childhealthdata.org>

² National Survey of Children's Health (2016-2017). *During the past week, how many days did you or other family members tell stories or sing songs to this child?* <https://www.childhealthdata.org>

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Staffing Strengths; Gaps and Training Needs

Key informant interviews were conducted with the Your Ohana Network providers to assess staffing strengths as well as gaps and training needs. Staffing needs varied by geographic area served. 70% of providers identified recruitment and retention of home visiting staff as challenging; 30% identified challenges in hiring clinical specialists and supervisors. Compensation constraints, low unemployment (pre-pandemic) and limited opportunities for advancement were cited as challenges to retaining staff.

Model-specific training was reported as robust and meaningful to workforce development. However, the expense and timing were challenges: the cost of sending staff to training is expensive and the timing doesn't always align with program needs. Subjects identified as priorities for ongoing training were trauma-informed care; motivational interviewing; as well as cultural and linguistic responsiveness. New training needs included understanding and strengthening family dynamics; addressing concerns about potential legal consequences of substance abuse treatment; and addressing objections to behavioral health treatment. Providers expressed value in locally-based, in-person training and for affordable certificate and degree-based programs.

Capacity for Providing Substance Use Treatment and Counseling Services

The Alcohol and Drug Treatment Services in Hawaii, 2018 report¹ was produced by the University of Hawaii Center on the Family under a contract with the Alcohol and Drug Abuse Division (ADAD) of the DOH. The report focused on substance use disorder treatment services provided by ADAD-funded agencies for State fiscal years 2015, 2016, and 2017. The report presents information on characteristics (e.g., age, county of residence, gender, ethnicity, employment status) of adolescents and adults admitted to treatment programs as well as information on the use of different modalities of services and data relating to treatment service outcomes.

More male clients than female clients were admitted over the reporting years; Hawaiians were the largest group of receiving services, followed by Caucasians and Filipinos. Several treatment modalities are supported across the state and include residential treatment; supportive living; intensive outpatient; outpatient and methadone treatment programs; and standard outpatient and methadone maintenance programs accounted for 60% of services.

Pregnant women and women with dependent children require specialized substance abuse treatment and recovery support services. Data from the 2017 National Survey on Drug Use and Health (NSDUH), the Treatment Episode Data Set (TEDS) Report 2017, ADAD's 2018 Web Infrastructure for Treatment Services (WITS) data, and the Hawaii PRAMS Trend Report from the DOH, Family Health Services Division were reviewed.

NSDUH national data focused on substance use treatment among women of childbearing age for whom substance use may pose particular risks to vulnerable offspring. NSDUH found that 11.5% of pregnant women aged 15 to 44 drank alcohol in the past month²; Hawaii PRAMS data found that 8.7% of pregnant

¹ Alcohol and Drug Abuse Division, Hawaii State Department of Health.

https://health.hawaii.gov/substanceabuse/files/2018/12/TREATMENT_2018_WEB.pdf

² Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2017). *Results from the 2017 National Survey on Drug Use and Health: Detailed Tables*. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm>

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women in Hawaii reported drinking alcohol in the last three months¹. The 2017 TEDS data, Admissions to and Discharges from Publicly-Funded Substance Abuse Treatment, indicated that 10.6% of admissions of females 18 years and older reported alcohol use as their primary substance admission. Among female adults admitted for treatment, 16% reported methamphetamine or amphetamines as the primary substance used. Opiates (heroin and other opiates) were the primary substance reported at admission for 39.2% of females 12 years and older².

Community providers and stakeholders ($n=46$) were interviewed regarding capacity for providing substance use disorder treatment and counseling services. Counties and communities differed in the availability of services in the areas, but uniformly agreed on the need for services, particularly for expectant mothers and those with children. All Your Ohana Network home visiting providers reported that they engage in planning and coordination of services with the substance use disorder and treatment provider(s) in their community and were able to name at least one such provider. Additionally, Healthy Families America programs have clinical specialists on staff who provide direct counseling to clients and assess clients' readiness for treatment when needed. Providers also expressed the importance of supporting women and their partners' readiness to engage in substance use disorder treatment and counseling services. Current program training includes trauma-informed care and motivational interviewing to support readiness for change.

There are gaps in the availability and current level of treatment and counseling services for pregnant women and families with young children who may be eligible for MIECHV-funded home visiting services. These include:

- ❖ Limited inpatient care for women with children
- ❖ Care unavailable on the family's home island
- ❖ Waiting periods for residential treatment programs that allow children onsite
- ❖ Fewer service providers experienced with and willing to work with pregnant women
- ❖ Limited outpatient care in rural communities.

Affordability of substance use disorder treatment and counseling services among pregnant women and families with young children varies by insurance type; a concern often identified was limits to treatment visits in a calendar year or other constraints related to coverage. In addition to cost and access, other barriers identified included women's low self-esteem, unsupportive interpersonal relationships, and myths about the idealized standards to which mothers are often held. Home visiting providers reported being well-prepared to address these particular barriers to treatment; they reported less confidence in addressing concerns about the potential legal consequences of treatment and objections to treatment by the woman's partner.

Home visiting providers participate on county- and state-level advocacy and systems change groups (e.g., Hawaii Infant Mental Health Association, Hawaii Children's Action Network, Hawaii Early Learning Advisory Board, Hawaii Public Health Association) as well as multi-sector planning groups, leveraging their knowledge, expertise, and resources to identify and facilitate coordination and planning as well as address policy and resource barriers to availability and implementation of services. Additionally, Hawaii's

¹ Family Health Services Division, Hawaii State Department of Health. (2019). *State of Hawaii PRAMS Report, 2009-2015*. <https://health.hawaii.gov/fhsd/files/2019/07/PRAMS-Trend-Report-ALL-FINAL6-2019-LR.pdf>

² Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (2017). *Treatment Episode Data Set (TEDS): 2017 Admissions to and Discharges from Publicly-Funded Substance Use Treatment*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt23083/TEDS-2017-R.pdf>

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health insurance organizations are interested in strengthening collaborations with programs such as home visiting to support prevention and treatment of substance use disorders. Of healthcare organizations and insurance providers participating in interviews, the limited geographic coverage and availability of home visiting programs was identified as a limitation.

Appendix B lists service providers and types of treatment available by region for substance use disorder treatment and counseling.

Coordination with the Title V MCH Block Grant, Head Start, and Child Abuse Prevention and Treatment Act (CAPTA) Needs Assessments

MIECHV programs and leadership work closely with their state and community partners to coordinate among Title V MCH Block Grant, Head Start, and CAPTA programs. The timing for data collection needs across the Title V, Head Start, CAPTA, and MIECHV programs varied. However, data, priority needs, and reports were shared across programs. Hawaii state program leads participated as stakeholders in the MIECHV Statewide Needs Assessment to enhance communitywide strategic planning; identification of unmet needs; and current activities to prevent child abuse and neglect. The MIECHV Statewide Needs Assessment results will be used to leverage and coordinate efforts to better identify risks, unmet needs, and gaps in care within the state's early childhood systems. The coordination of information and data across the programs is an active and ongoing process within the DOH.

The MIECHV program is well aligned to support the majority of state and national goals as specified in Hawaii's Title V MCH Block Grant. The relevant National Performance Measures (NPMs) and State Performance Measures (SPMs) are:

- ❖ NPM 1: Well-woman visit
- ❖ NPM 4: Breastfeeding
- ❖ NPM 5: Safe Sleep
- ❖ NPM 6: Developmental screening
- ❖ NPM 10: Adolescent well visits
- ❖ NPM 12: Transition to adult care
- ❖ NPM 13.2: Children's oral health
- ❖ SPM 1: Telehealth
- ❖ SPM 4: Child abuse and neglect

Conclusion

The 2020 MIECHV Statewide Needs Assessment identified communities with significant numbers of vulnerabilities. It determined that program services are provided in areas of need and that the program is largely successful in supporting positive outcomes for families. The Head Start, CAPTA, and Title V needs assessments informed the MIECHV Statewide Needs Assessment process and findings. Together, the assessments provided meaningful information to guide state action and activities. The results of the MIECHV Statewide Needs Assessment will be shared across programs and partners statewide to guide state action and activities.

Appendix A

MIECHV Benchmark Measure Performance

Benchmark 1: Maternal & Newborn Health

Table 11. MIECHV Benchmark Measures and Performance, Benchmark 1

Benchmark Measure	FY24 Performance
Preterm Birth (Systems Outcome) <u>Numerator:</u> Total number of live births (index child or subsequent child) before 37 weeks of gestation and after enrollment. <u>Denominator:</u> Total number of live births to mothers enrolled prenatally before 37 weeks.	0.0% (0/3)
Breastfeeding (Systems Outcome) <u>Numerator:</u> Total number of infants aged 6-12 months (among mothers enrolled prenatally) who were breastfed at any amount at 6 months of age. <u>Denominator:</u> Total number of infants aged 6-12 months (among mothers enrolled prenatally) who were enrolled for at least 6 months.	100.0% (8/8)
Depression Screening (Performance Indicator) <u>Numerator:</u> Total number of primary caregivers that were screened for depression within the first 3 months of enrollment (postnatal enrollment) or within 3 months of delivery (prenatal enrollment). <u>Denominator:</u> Total number of primary caregivers enrolled for at least 3 months (postnatal enrollment) or at least 3 months after delivery (prenatal enrollment)	88.5% (115/130)
Well-Child Visit (Performance Indicator) <u>Numerator:</u> Total number of children who received the last recommended well-child visit based on the AAP schedule. <u>Denominator:</u> Total number of children enrolled.	92.1% (434/471)
Postpartum Care (Performance Indicator) <u>Numerator:</u> Total number of mothers enrolled prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery. <u>Denominator:</u> Total number of mothers enrolled prenatally or within 30 days after delivery who remained enrolled for at least 8 weeks (56 days) after delivery.	96.2% (51/53)

Appendix A
MIECHV Benchmark Measure Performance

Benchmark Measure	FY24 Performance
<p>Tobacco Cessation Referrals (Performance Indicator)</p> <p><u>Numerator</u>: Total number of primary caregivers who reported tobacco use at enrollment and were referred to cessation counseling or services within 3 months of enrollment.</p> <p><u>Denominator</u>: Total number of primary caregivers who reported tobacco use at enrollment and remained enrolled for at least 3 months.</p>	83.3% (15/18)

Benchmark 2: Child Injuries, Child Abuse, Neglect, or Maltreatment & Reduction of Emergency Department Visits

Table 12. MIECHV Benchmark Measures and Performance, Benchmark 2

Benchmark Measure	FY24 Performance
<p>Safe Sleep (Performance Indicator)</p> <p><u>Numerator</u>: Total number of index children less than 1 year of age who are always placed to sleep on their backs, without bedsharing or soft bedding.</p> <p><u>Denominator</u>: Total number of index children less than 1 year of age.</p>	87.0% (174/200)
<p>Child Injuries (Systems Outcome)</p> <p><u>Numerator</u>: Total number of caregiver-reported, non-fatal, injury-related emergency department visits among index children.</p> <p><u>Denominator</u>: Total number of index children enrolled.</p>	0.04 (19/532)
<p>Child Maltreatment (Systems Outcome)</p> <p><u>Numerator</u>: Total number of index children with at least 1 investigated case of maltreatment.</p> <p><u>Denominator</u>: Total number of index children enrolled.</p>	0.6% (2/308)

Appendix A

MIECHV Benchmark Measure Performance

Benchmark 3: School Readiness & Achievement

Table 13. MIECHV Benchmark Measures and Performance, Benchmark 3

Benchmark Measure	FY24 Performance
Parent-Child Interaction (Performance Indicator) <u>Numerator</u> : Total number of primary caregivers with children at least 91 days of age who received an observation of caregiver-child interaction using a validated tool. <u>Denominator</u> : Total number of primary caregivers with children at least 91 days of age.	80.4% (352/438)
Early Language and Literacy Activities (Performance Indicator) <u>Numerator</u> : Total number of index children with primary caregiver who reported reading, singing, and/or telling stories with their child every day during a typical week. <u>Denominator</u> : Total number of index children enrolled.	98.3% (513/522)
Developmental Screening (Performance Indicator) <u>Numerator</u> : Total number of children screened at least once with a validated tool within the AAP-defined age ranges. <u>Denominator</u> : Total number of children who reached 9, 18, 24, or 30 months of age.	86.8% (249/287)
Behavioral Concerns (Performance Indicator) <u>Numerator</u> : Total number of home visits where caregivers were asked if they had any concern regarding their child's development, behavior, or learning. <u>Denominator</u> : Total number of home visits.	99.9% (8096/8105)

Appendix A

MIECHV Benchmark Measure Performance

Benchmark 4: Crime or Domestic Violence

Table 14. MIECHV Benchmark Measures and Performance, Benchmark 4

Benchmark Measure	FY24 Performance
Intimate Partner Violence Screening (Performance Indicator) <u>Numerator:</u> Total number of primary caregivers who were screened for IPV using a validated tool within 6 months of enrollment. <u>Denominator:</u> Total number of primary caregivers enrolled for at least 6 months.	93.8% (135/144)

Benchmark 5: Family Economic Self-Sufficiency

Table 15. MIECHV Benchmark Measures and Performance, Benchmark 5

Benchmark Measure	FY24 Performance
Primary Caregiver Education (Systems Outcome) <u>Numerator:</u> Total number of primary caregivers who enrolled in, maintained continuous enrollment in, or completed an education program, among those without a high school diploma or equivalent at enrollment. <u>Denominator:</u> Total number of primary caregivers without a high school diploma or equivalent at enrollment.	3.8% (2/52)
Continuity of Insurance Coverage (Systems Outcome) <u>Numerator:</u> Total number of primary caregivers who reported having health insurance for at least 6 consecutive months since enrollment. <u>Denominator:</u> Total number of primary caregivers enrolled for at least 6 months.	98.5% (335/340)

Appendix A

MIECHV Benchmark Measure Performance

Benchmark 6: Coordination and Referrals for Other Community Resources and Supports

Table 16. MIECHV Benchmark Measures and Performance, Benchmark 6

Benchmark Measure	FY24 Performance
Completed Depression Referrals (Systems Outcome) <u>Numerator</u> : Total number of primary caregivers who received recommended services for depression. <u>Denominator</u> : Total number of primary caregivers who screened positive for depression within 3 months of enrollment (postnatal enrollment) or within 3 months of delivery (prenatal enrollment).	28.6% (4/14)
Completed Developmental Referrals (Systems Outcome) <u>Numerator</u> : Total number of index children who: a) received individualized developmental support from a home visitor; b) were referred to early intervention services and received an evaluation within 45 days; or c) were referred to other community services and received services within 30 days. <u>Denominator</u> : Total number of index children with a positive screen for developmental delay.	87.5% (35/40)
Intimate Partner Violence Referrals (Performance Indicator) <u>Numerator</u> : Total number of primary caregivers who received referral information to IPV resources. <u>Denominator</u> : Total number of primary caregivers who screened positive for IPV within 6 months of enrollment.	100.0% (6/6)

Appendix B

Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

This list was compiled in 2020. Inclusion does not imply endorsement by DOH.

Statewide

Table 17. Treatment Facilities, Statewide

Region	Name	Description	Address	Phone	Email	Website
Statewide	Adult Mental Health Division	Central Administrative Services for the State of Hawaii State Department of Health, Adult Mental Health Division	Department of Health 1250 Punchbowl St., Rm. 256 Honolulu, HI 96813	Main Line: 586-4686 Adult Mental Health Administrator's Secretary: 586-4770	Not listed	https://health.hawaii.gov/amhd/
Statewide	Halfway Houses Hawaii	Provides a listing of halfway houses and sober houses across the State of Hawaii	N/A	1-888-676-1587	Not listed	https://www.halfwayhouses.us/state/hawaii
Online	McKenna Recovery Center Online	Zoom-based appointments for drug or alcohol addiction	Online	808-246-0663	drgmck@mckennarerecoverycenter.com	https://mckennarerecoverycenter.com/

Hawaii County

Table 18. Treatment Facilities, Hawaii County

Region	Name	Description	Address	Phone	Email	Website
Island Wide	Big Island Substance Abuse Council	Provides comprehensive substance abuse and mental health treatment	16-179 Melekaehiwa St. Keaau, HI 96749	808-969-9994	info@bisac.com	bisac.org

East Hawaii

Table 19. Treatment Facilities, Hawaii County, East Hawaii region

Region	Name	Description	Address	Phone	Email	Website
Hilo	Alcoholics Anonymous Hilo Intergroup	Covers the east side of the island from Honokaa to Pahoa	PO Box 10275 Hilo, HI 96721	808-961-6133	eastsideintergroup@gmail.com	easthawaiiaa.org

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Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

Hilo	East Hawaii Family Guidance Center	Provides quality care coordination and mental health services	88 Kanoelehua Ave., Ste. A-204 Hilo, HI 96720	808-933-0564	Not listed	https://health.hawaii.gov/camhd/hawaiifamilyguidancecenters/
Hilo	Ku Aloha Ola Mau Hilo	Comprehensive substance abuse treatment and counseling	900 Leilani St. Hilo, HI 96720	808-961-6822	info@kualoha.org	kualoha.com
Hilo	Mental Health Kokua East Hawaii Office	Assists people with mental health and related challenges	208 Wainaku Ave. Hilo, HI 96720	808-935-7167	Not listed	http://www.mhkhawaiii.org/

West Hawaii

Table 20. Treatment Facilities, Hawaii County, West Hawaii region

Region	Name	Description	Address	Phone	Email	Website
Kona	Alcoholics Anonymous West Hawaii	Offers 24-hour hotline, in-person meetings, and Zoom meetings	74-5606 Pawai Pl., Ste. 102 Kailua-Kona, HI 96740	808-329-1212	officemanager@westhawaiiaa.org	westhawaiiaa.org
Kona	Bridge House Hawaii	Clean and sober house	PO Box 2489 Kailua-Kona, HI 96745	808-322-3305	bridgehouserecovery@gmail.com	bridgehousehawaii.org
Kona	Mental Health Kokua West Hawaii Office	Assists people with mental health and related challenges	75-166 Kalani St., Ste. 103	808-331-1468	Not listed	http://www.mhkhawaiii.org/
Waimea	West Hawaii Family Guidance Center	Partners with families to promote engagement with emotional and behavioral health services	65-1230 Mamalahoa Hwy., Ste. A-1 Kamuela, HI 96743	808-887-8100	Not listed	https://health.hawaii.gov/camhd/hawaiifamilyguidancecenters/

Kauai County

Table 21. Treatment Facilities, Kauai County

Region	Name	Description	Address	Phone	Email	Website
Island Wide	Alcoholics Anonymous Kauai	Offers a 24-hour hotline, in-person meetings, and online meetings	Not listed	808-245-6677	hotline@kauaiaa.org	kauaiaa.org

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Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

Lihue

Table 22. Treatment Facilities, Kauai County, Lihue region

Region	Name	Description	Address	Phone	Email	Website
Lihue	Child and Family Service Kauai	Provides comprehensive counseling and 24-hour hotlines	2970 Kele St., Ste. 203 Lihue, HI 96766	808-245-5914	Not listed	https://www.childandfamilyservice.org/
Lihue	Kauai Community Mental Health Center	Provides “medication management, case management, psychosocial rehabilitation, and forensic services to adult persons with serious mental illness”	4370 Kukui Grove St., Ste. 3-211 Lihue, HI 96766	808-274-3190	Not listed	https://health.hawai.gov/kauai/community-mental-health-center-branch/
Lihue	Kauai Family Guidance Center	Provides intensive mental health treatment and case management services to children and families	3059 Umi St., Rm. A-014 Lihue, HI 96766	808-274-3883	Not listed	https://health.hawai.gov/camhd/kauai-family-guidance-center/
Lihue	McKenna Recovery Center Lihue	Outpatient treatment program for drug or alcohol addiction	Ke Ala Pono 4374	808-246-0663	drgmck@mckennarecoverycenter.com	https://mckennarecoverycenter.com/
Lihue	Mental Health Kokua Kauai	Assists people with mental health and related challenges	3205 Akahi St. Lihue, HI 96766	808-632-0466	Not listed	http://www.mhkkauai.org/
Lihue	Women in Need	Provides clean and sober housing, transitional housing, resource referrals, parenting and life skills classes, substance abuse prevention, employment services, outpatient substance abuse treatment, and more	3136A Elua St. Lihue, HI 96766	808-245-1996	winkauai@gmail.com	winhi.org

Waimea

Table 23. Treatment Facilities, Kauai County, Waimea Region

Region	Name	Description	Address	Phone	Email	Website
Waimea	Samuel Mahelona Memorial Hospital	Provides inpatient adult psychiatric care	4800 Kawaihau Rd. Kapaa, HI 96746	808-822-4961	Not listed	https://kauai.hhsc.org/facilities/samuel-mahelona-memorial-hospital-smmh/

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Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

Maui County

Maui Island

Table 24. Treatment Facilities, Maui County, Maui island

Region	Name	Description	Address	Phone	Email	Website
Hana	Ohana Makamae, Inc.	Offers substance abuse treatment and mental health counseling	39 Keanini Dr. Hana, HI 96713	808-248-8538	Not listed	ohanamakamae.org
Makawao	Aloha House, Inc.	Addiction and Mental Health Treatment	200 Ike Dr. Makawao, HI 96768	808-579-8414	info@aloha-house.org	aloha-house.org
Makawao	Malama Family Recovery Center	Provides care for women in recovery from substance abuse and addiction	200 Ike Dr. Makawao, HI 96768	808-877-7117	Not listed	http://malamafamilyrecovery.org/
Makawao	Maui Youth and Family Services, Inc.	Provides substance abuse treatment, emergency shelter, prevention, and more for youth	1931 Baldwin Ave. Makawao, HI 96768	808-579-8414	Not listed	myfs.org
Wailuku	Alcoholics Anonymous Maui Intergroup	Offers 24-hour phone service, in-person meetings, and Zoom meetings	70 Central Ave., Ste. #1 Wailuku, HI 96793	808-244-9673	info@aamaui.org	aamaui.org
Wailuku	Child and Family Service Maui	Provides comprehensive counseling and 24-hour hotlines	293 North Market St. Wailuku, HI 96793	808-877-6888	Not listed	https://www.childandfamilyservice.org/
Wailuku	Maui Family Guidance Center Wailuku	“The frontline location for access to Hawaii Department of Health, Child and Adolescent Mental Health Division”	270 Waiehu Beach Rd., Ste. 213 Wailuku, Hawaii 96793	808-243-1252	Not listed	https://health.hawai.gov/camhd/maui-family-guidance-centers/
Wailuku	Mental Health Kokua Maui	Assists people with mental health and related challenges	105 N. Market St., Ste. 102	808-244-7405	Not listed	http://www.mhkhawaii.org/

Molokai

Table 25. Treatment Facilities, Maui County, Moloka

Region	Name	Description	Address	Phone	Email	Website
Island Wide	Maui Family Guidance Center Molokai	“The frontline location for access to Hawaii Department of Health, Child and Adolescent Mental Health Division”	65 Makaena Pl. Kaunakakai, HI 96748	808-553-7878	Not listed	https://health.hawaii.gov/camhd/maui-family-guidance-centers/

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Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

Kaunakakai	Molokai Community Health Center	Provides behavioral health, health coaching, prevention services, and cultural health care to women and youth	PO Box 2040 30 Oki Pl. Kaunakakai, HI 96748	808-553-5038	Not listed	molokaichc.org
Kaunakakai	Ka Hale Pomaika'i	Substance abuse treatment	PO Box 1895 Kaunakakai, HI 96748	808-558-8480	info@kahalepomaikai.org khp@winnin.com	kahalepomaikai.org

Lanai

Table 26. Treatment Facilities, Maui County, Lanai

Region	Name	Description	Address	Phone	Email	Website
Lanai	Maui Family Guidance Center Lanai	“The frontline location for access to Hawaii Department of Health, Child and Adolescent Mental Health Division”	730 Lanai Ave., Ste. 113 Lanai City, HI 96763	808-662-4045	Not listed	https://health.hawai.gov/camhd/maui-family-guidance-centers/

Honolulu County

Table 27. Treatment Facilities, Honolulu County

Region	Name	Description	Address	Phone	Email	Website
Island Wide	Action With Aloha	Provides counseling and substance abuse treatment. Offices in Honolulu, Kaneohe, Makaha, and Wahiawa	Aloha United Way Bldg 200 N. Vineyard Blvd, Ste. 501 Honolulu, HI 96817	808-599-7508	admin@actionwithaloha.com	actionwithaloha.com
Island Wide	Alcoholics Anonymous Oahu Intergroup	Offers 24-hour hotline, in-person meetings, and Zoom meetings	Century Square 1188 Bishop St., Ste. 3406 Honolulu, HI 96813	808-946-1438	manager@oahucentraloffice.com	oahucentraloffice.com
Island Wide	Hina Mauka (Alcoholic Rehabilitation Services of Hawaii, Inc.)	Substance abuse treatment services, integrated addiction case coordination. Offices in Kaneohe and Waipahu	45-845 Pookela St. Kaneohe, HI 96744 94-830 Hikimoe St. Waipahu, HI 96797	Kaneohe: 808-236-2600 Waipahu: 808-671-6900	moreinfo@hinamauka.org	hinamauka.org
Island Wide	Oxford House, Inc.	Drug and alcohol recovery houses	350 Ward Ave. Ste. 106-9 Honolulu, HI 96814	808-957-0324	oxfordhi@hotmail.com	oxfordhousehi.org
Island Wide	YMCA of Honolulu	Substance abuse and treatment program	1335 Kalihhi St. Honolulu, HI 96819	808-848-2494	Not listed	ymcahonolulu.org

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Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

Leeward Oahu

Table 28. Treatment Facilities, Honolulu County, Leeward region

Region	Name	Description	Address	Phone	Email	Website
Ewa Beach	Child and Family Service Oahu	Provides comprehensive counseling and 24-hour hotlines	91-1841 Fort Weaver Rd. Ewa Beach, HI 96706	808-681-1467	Not listed	https://www.childandfamilyservice.org/
Waianae	Hoomau Ke Ola	“A treatment and recovery program based on Hawaii’s own cultural and spiritual values”	85-761 Farrington Hwy. Waianae, HI 96792	General administrative: 808-696-4266 Intake & Admissions: 808-696-3315	admin@hoomaukeola.com	hoomaukeola.org
Kapolei	Hale Hoomalu Juvenile Detention Facility	24-hour secure facility. “Youth placed at Detention Home (DH) are typically awaiting adjudication through the Family Court. During detainment, youth may receive services from Family Court Liason Branch (FCLB), including a brief intake screening to assess for risk and highlight areas of concern, crisis intervention, stabilization, transition planning, and supportive therapy”	287 Kamokila Blvd. Kapolei, HI 96707	808-954-8400	Not listed	https://health.hawai.gov/camhd/family-court-services/
Kapolei	Leeward Oahu Family Guidance Center	Provides services to children and adolescents ages 3 to 20. Services include case management, advocacy, linkage, etc. Contracts with community-based agencies to provide emergency and/or intensive mental health services	601 Kamokila Blvd., Ste. 355 Kapolei, HI 96707	808-692-7700	Not listed	https://health.hawai.gov/camhd/ahu-family-guidance-centers/

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Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

Metro Honolulu

Table 29. Treatment Facilities, Honolulu County, Honolulu metro region

Region	Name	Description	Address	Phone	Email	Website
Honolulu	Home Maluhia	A non-secure shelter for status offenders and minor law violators who do not require detention	902 Alder St. Honolulu, HI 96814	808-591-2581	Not listed	https://health.hawaii.gov/camhd/family-court-services/
Honolulu	Honolulu Oahu Family Guidance Center	Provides services to children and adolescents ages 3 to 20. Services include case management, advocacy, linkage, etc. Contracts with community-based agencies to provide emergency and/or intensive mental health services	3627 Kilauea Ave., Rm. 401 Honolulu, HI 96816	808-733-9393	Not listed	https://health.hawaii.gov/camhd/oahu-family-guidance-centers/
Honolulu	Ku Aloha Ola Mau Honolulu	Comprehensive substance abuse treatment and counseling	1130 N. Nimitz Hwy., Ste. C-302 Honolulu, HI 96817	808-538-0704	info@kualoha.org	kualoha.com
Honolulu	McKenna Recovery Center Honolulu	Outpatient treatment program for drug or alcohol addiction	Honolulu Professional Program Honolulu, HI 96814	808-246-0663	drgmck@mckennarecoverycenter.com	https://mckennarecoverycenter.com/
Honolulu	Mental Health Kokua Oahu	Assists people with mental health and related challenges	1221 Kapiolani Blvd. Ste. 345 Honolulu, HI 96814	808-737-2523	Not listed	http://www.mhkhawaii.org/
Honolulu	The Queen's Medical Center Behavioral Health Psychiatry	Provides inpatient treatment for behavioral health psychiatry	1301 Punchbowl St. Honolulu, HI 96813	808-691-7878	Not listed	https://www.queens.org/the-queens-medical-center/services/behavioral-health/behavioral-health-qmc
Honolulu	The Queen's Medical Center Behavioral Health Services	Provides outpatient services in behavioral health such as counseling	Kaheiheimaile Building, 1374 Nuuau Ave. Honolulu, HI 96817	808-691-4352	Not listed	https://www.queens.org/services/behavioral-health/services/day-treatment-services-qmc

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Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

Honolulu	The Queen's Medical Center Family Treatment Center	Provides inpatient treatment in behavioral health psychiatry to adolescent patients	1301 Punchbowl St. Honolulu, HI 96813 Level 2	808-691-4221	Not listed	https://www.queens.org/services/behavioral-health/services/family-treatment-center
Honolulu	Salvation Army Substance Addiction Treatment Services	Comprehensive substance abuse treatment	3624 Waokanaka St. Honolulu, HI 96817	808-595-6371	ray.Ogai@usw salvationarmy.org	ats.salvationarmy.org
Honolulu	Salvation Army Family Treatment Services	Provides substance abuse treatment for women	845 22nd Ave. Honolulu, HI 96816	808-732-2802	beth.cox@usw salvationarmy.org	hawaii.salvationarmy.org
Sand Island	Kline-Welsh Behavioral Health Foundation	"Sand Island Treatment Center"	PO Box 3045 Honolulu, HI 96802	808-842-7529	Not listed	sandisland.com

Windward Oahu

Table 30. Treatment Facilities, Honolulu County, Windward region

Region	Name	Description	Address	Phone	Email	Website
Kailua	Adventist Health Castle (formerly Castle Medical Center)	Offers detoxification services. Formerly known as Castle Medical Center	640 Ulukahiki St. Kailua, HI 96734	808-263-5356	callcenter@ah.org	adventisthealth.org
Kaneohe	Central Oahu Family Guidance Center - Kaneohe Office	Provides services to children and adolescents ages 3 to 20. Services include case management, advocacy, linkage, etc. Contracts with community-based agencies to provide emergency and/or intensive mental health services	45-691 Keahala Rd., Bldg. E-141 Kaneohe, HI 96744	808-233-3770	Not listed	https://health.hawai.gov/camhd/oahu-family-guidance-centers/
Kaneohe	Hawaii State Hospital	Psychiatric facility and teaching hospital	45-710 Keahala Rd. Kaneohe, HI 96744	808-247-2191	Not listed	https://health.hawai.gov/amhd/hawaii-state-hospital-about-us/
Kaneohe	Poailani	Substance abuse treatment recovery and mental health treatment	45-567 Pahia Rd. Kaneohe, HI 96744	808-263-3500	rsouza@poailani.org csendrey@poailani.org aparedes@poailani.org	poailani.org

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Substance Use Disorder Treatment Facilities and Mental Health Treatment Facilities in Hawaii by Region

Central Oahu

Table 31. Treatment Facilities, Honolulu County, Central region

Region	Name	Description	Address	Phone	Email	Website
Pearl City	Central Oahu Family Guidance Center – Pearl City Office	Provides services to children and adolescents ages 3 to 20. Services include case management, advocacy, linkage, etc. Contracts with community-based agencies to provide emergency and/or intensive mental health services.	860 Fourth St., Rm. 220 Pearl City, HI 96782	808-453-5900	Not listed	https://health.hawaii.gov/camhd/oahu-family-guidance-centers/
Waipahu	Women in Need Oahu	Provides clean and sober housing, transitional housing, resource referrals, parenting and life skills classes, substance abuse prevention, employment services, outpatient substance abuse treatment, and more	94-853 Kuhaulua St., Unit #38 Waipahu, HI 96797	808-486-1996	winhi@hawaiiante.net	winhi.org