

NEIL ABERCROMBIE  
GOVERNOR



DWIGHT TAKAMINE  
DIRECTOR

NEW DAY PLAN  
FOR  
IMPROVING LIVES AND STRENGTHENING COMMUNITIES

Submitted By:

State of Hawaii  
**Office of Community Services**  
Department of Labor and Industrial Relations

Mila Kaahanui, MSW  
Executive Director

Research and Development Team  
En H. Young  
Alan B. Burdick  
Lola K. Salimova

## TABLE OF CONTENTS

PREFACE.....	1
I. INTRODUCTION .....	2
II. POVERTY IN HAWAII.....	3
III. HAWAII'S ECONOMICALLY DISADVANTAGED POPULATIONS.....	5
Micronesians .....	6
Hawai'i's Filipino Population.....	11
Hawai'i's Hispanic Population .....	13
Native Hawaiians .....	15
IV. NEEDS ASSESSMENT METHODOLOGY .....	18
V. SUMMARY OF FINDINGS, RECOMMENDATIONS, AND ACTION STEPS .....	19
VI. PROPOSED SERVICES FOR FISCAL BIENNIUM 2014 – 2015.....	24
VII. CONCLUSION.....	25
VIII. ACKNOWLEDGEMENTS: ORGANIZATIONS .....	27
IX. ACKNOWLEDGEMENTS: INDIVIDUALS.....	29
X. COMMUNITY MEETING PHOTOS .....	30
XI. END NOTES .....	31

## PREFACE

### **Our Vision**

The Office of Community Services (OCS) has long recognized the enduring economic and social benefits of investing in people, supporting their aspirations to become economically self-reliant, and strengthening their capacities to access and navigate needed resources and services. We believe that advancing policies and programs that help them achieve their dreams and aspirations for a sustained quality of life for their families will not only produce a more equitable, more cohesive and inclusive society, but a more prosperous, resilient and sustainable one.

### **Our Mission**

The mission of the Office of Community Services is centered on achieving economic security for individuals and families in poverty and providing pathways or “on ramps” for linguistically and culturally challenged immigrants to attain economic self-reliance and successful integration into the social and economic life of the community at large.

### **Our Purpose**

Hawai`i Revised Statutes Chapter 371K is the legislation that created OCS in 1985. That law designates OCS as the State lead agency “to conduct advocacy efforts on behalf of the disadvantaged, refugees, and immigrants.”<sup>1</sup> Another of the law’s primary purposes is to facilitate and enhance the development, delivery and coordination of effective programs for those in need.<sup>2</sup>

### **Our Target Populations**

For purposes of this Plan, OCS has adopted a working definition of our target communities as comprising (1) individuals who reside in households whose incomes fall below 200% of the Federal Poverty Guideline (FPGL) for Hawai`i, (2) immigrants, with a special focus on those who have resided in the United States five years or less, (3) refugees, (4) labor and sex trafficking survivors, and (5) other disadvantaged persons, such as previously incarcerated persons seeking re-entry into the workforce and society. We have also noted that many Native Hawaiians are disadvantaged due to their high rate of poverty.

### **Our Plan**

This report documents our service plan, comprising nine parts: Part I – Introduction; Part II - Poverty in Hawai`i; Part III – Hawai`i’s Economically Disadvantaged Populations; Part IV – Needs Assessment Methodology; Part V - Summary of Findings, Recommendations, and Action Steps; Part VI – Proposed Services for Fiscal Biennium 2014-2015; Part VII – Conclusion; Part VIII – Acknowledgements: Organizations; Part IX – Acknowledgements: Individuals; Part X – Community Meeting Photos; and Part XI – End Notes.

## PART I: INTRODUCTION

In April 2011, Governor Neil Abercrombie released his **New Day Plan – *The Way Forward*** – a new, bold vision and roadmap for achieving his administration’s priorities, focusing on creating jobs and speeding up economic recovery, investing in people, and making government work.

The New Day vision serves as our impetus to seek new, coherent, and more effective ways to meet the real-time needs of individuals and communities that are marginalized by poverty and lack of access to needed resources and services. In fulfilling our mandated coordination and advocacy responsibilities, OCS is uniquely positioned to align its goals with the Governor’s New Day priorities. A new and revitalized OCS takes this opportunity to lay out a strategic plan, along with similar efforts at the public and private sector levels, to help set the directions for policymakers to generate momentum and reinforce the belief over time that the Governor’s New Day vision can indeed become a reality.

In an era of fiscal constraints at all levels of government, OCS recognizes that it is more important than ever for service providers, both public and private, to collaborate and dismantle the “provider silos” that impede services for our client communities. OCS commits to bringing together strategic groupings (consortiums) of service providers to increase services and reduce costs.

To strengthen the ability of immigrants, migrants, refugees, and other linguistically and culturally challenged persons to “navigate the system” that seems too big and unfamiliar to them, OCS commits to establishing Community Resource Centers (CRCs)<sup>3</sup> on all islands, to help ensure that there is no “wrong door” when disadvantaged people come looking for help in their quest for financial security, and social and cultural adaptation.

To achieve these objectives, OCS launched a strategic planning process for the state biennium years FY2014 and 2015, from July 1, 2013 to June 30, 2015. OCS began by holding a series of needs assessment meetings with community stakeholders and service providers in Hilo, Hawai‘i; Kahului, Maui; Honolulu, and Lihue, Kauai. The meetings effectively drew a good cross-section of our client communities, mostly Micronesians, Filipinos, Hispanics, Hawaiians, ex-offenders, and others, including forty or more representatives of current service providers for OCS, other non-profit organizations, faith-based community groups, and government agencies. We also convened a meeting at the State Capitol for a larger group of non-profit organizations and State government agencies.

By talking with representatives of client communities and the governmental and non-governmental service agencies, and listening to their concerns, OCS has developed this plan, which invariably requires shifting our budget priorities, broadening and enhancing current services for greater impact, and finding opportunities for collaboration and integration of services. OCS has also committed considerable staff time to reviewing the large body of literature on the poor, the Micronesians, Filipinos, Hispanics, and the Native Hawaiian populations. These materials include census data, poverty reports, immigrant and refugee data, Community Action Agencies’ needs assessment reports, and other sources.

## PART II: POVERTY IN HAWAII

In Hawai'i, thousands of financially strapped families are without jobs and struggling to pay for basic necessities. The 2010 U.S. Census estimates show that the poverty rate in Hawai'i rose from 8.6 percent in 2005 to 12.5 percent in 2009,<sup>4</sup> with more than 156,000 people living below the poverty line.

The Federal Poverty Level was originally set in 1962 to equal three times the cost of food.<sup>5</sup> In early 2012, the USDA measured the monthly cost of food for a family of four on its "Thrifty Food Plan" at \$626 on the mainland, but found that the cost of similar food in Hawai'i was 67 percent more - \$1,046.<sup>6</sup> Thus, one would expect the FPL for Hawai'i to be 67 percent higher than the Mainland FPL. However, it is not: the FPL for Hawai'i is only 13 percent higher.<sup>7</sup> Nationally, the overall poverty rate also climbed in 2011 to 15 percent, 46.2 million people, or one in seven Americans.<sup>8</sup>

Incidences of poverty range widely among Hawai'i's four counties, with Hawaii County having the largest percentage. The 2010 Census and 2011 population estimates show the following data: Hawai'i County is populated at 186,738 people, with 14.4 percent of persons living below the poverty line. This translates to roughly 26,890 persons below the poverty line. The County of Maui reported a population of 156,674, with an 8.9 percent rate of poverty, or 13,944 persons living below the poverty line. The City and County of Honolulu reported 963,607 residents with an incidence of poverty of 8.8 percent, or 84,797 individuals living below the poverty line. Kauai County is populated at 67,701 persons, with a poverty rate of 8.8 percent, or 5,958 persons. The statewide poverty average is 9.6 percent.

Poverty is a function of both limitations on incomes and floors on necessary expenditures. In Hawai'i, a seemingly low unemployment rate masks the fact that many people's incomes are very low, and their expenditures are high because of the costs of necessities such as food and housing.

Hawai'i's unemployment rate is lower than in many other states, but having a job in Hawai'i does not necessarily equate to having financial security or even an assurance of minimal financial survival.

In 2005, Hawai'i had the lowest unemployment rate in the country. But in Hawai'i, 69 percent of jobs pay less than a living wage—roughly \$34,600 for one parent with one child—compared to 50 percent in other states. Furthermore, Hawai'i is worst in the nation for the percentage of involuntary part-time workers—18 percent of employees want full time work but cannot find it. Low unemployment numbers alone belie the fact that many people in Hawai'i need to work multiple jobs to make ends meet, leaving less time for self-improvement, parenting, citizenship, or other positive activities. Of the growing job prospects in Hawai'i, eight of the top ten—including cashiers, retail salespersons, waiters, janitors, etc.—do not pay a living wage.<sup>9</sup>

Hawai`i's minimum wage was set at \$7.25 per hour as of January 1, 2007.<sup>10</sup> "For a full-time worker, this amounts to just \$290 gross per week for a 40-hour workweek and slightly more than \$15,000 [before taxes] per year."<sup>11</sup> This is less than a living wage in Hawai`i, which is roughly \$34,600 for one parent with one child, as is noted in the HACBED report quoted immediately above.

Moreover, Hawai`i's once relatively low unemployment rate increased from 2.6 percent in 2006 to 6.7 percent in 2011, according to the University of Hawai`i Economic Research Organization.<sup>12</sup>

As to housing costs, Hawai`i's are the most expensive in the country for both renters and owners. In Hawai`i, the fair market rental rate (FMR) for a two-bedroom apartment is \$1,650 per month, while a single minimum-wage earner's monthly wage is \$1,270 – without vacations, holidays, or sick leave. Thus, even with two minimum-wage earners in a household, rent exceeds 50 percent of their combined income.<sup>13</sup> The U.S. Census Bureau estimates that there were about 162,600 rental housing units in Hawai`i in 2006-2010, and, for 45 percent of those housing units (73,600), the gross rent exceeded 35 percent of the household income.<sup>14</sup> As the Hawai`i Appleseed Center for Law and Justice stated in its April 2012 report:

Housing is notoriously expensive in Hawai`i. The median rent is 50 percent higher than the national level, while the median value of a single-family home is almost three times the national median. Affordable housing is in extremely short supply: Almost half of Hawai`i's households spend more than 30 percent of their incomes on housing, and three-quarters of poor households pay more than half of their incomes toward housing.<sup>15</sup>

Hawai`i's homelessness rate is twice the national average, and it is increasing: "With 474 homeless per 100,000 people on any given day in 2007, Hawai`i's homeless population rate was more than twice the national rate of 223. While the rate of homelessness decreased nationwide from 2005 to 2007, it increased 12 percent in Hawai`i."<sup>16</sup> Moreover, as rental rates and utility bills increase, persons on limited, fixed incomes, such as the elderly, are being financially squeezed out of their housing, resulting in homelessness in some cases.<sup>17</sup>

Hawai`i's residential rates for electricity are by far the highest of any State. As of May 2012, the statewide average was 37.67 cents per kilowatt hour, more than three times the US average of 11.97 cents per kWh, and twice the average in the next highest-cost state, Alaska, at 18.35 cents.<sup>18</sup> Within Hawai`i, the Neighbor Islands pay higher rates than Oahu: In February 2012, the Oahu residential rate was 32 cents, Maui was 36 cents, Hawai`i was 41 cents, and Kauai was 42 cents per kWh.<sup>19</sup>

Worse yet, funding for service agencies have been drastically cut. The Appleseed Center also stated that it had surveyed thirteen organizations providing services to abused children and spouses, the homeless, the elderly, and others needing help. Those organizations rely primarily on federal and state grants and contracts. In 2008, their budgets totaled \$141 million, but by 2011, the total had fallen to \$115 million, a drop of nearly 19 percent. Those organizations employed 2,259 staffers in 2008, but only 1,898 three years later, a drop of 16 percent. "Non-profits saw state funding cuts of 58 percent, resulting in layoffs, lowered salaries and serving fewer people."<sup>20</sup>

### PART III: HAWAII'S ECONOMICALLY DISADVANTAGED POPULATIONS

There are many reasons to examine the size, growth, and socio-economic characteristics of Hawai'i's immigrants in the context of national immigration trends.

The immigrant population, nationwide, is concentrated in relatively few states: The percentages of the immigrant population to a state's total are greatest in California (27.2%); New York (22.2%); New Jersey (21.0%); Florida (19.4%); Nevada (18.8%) and Hawai'i (18.2%). These six states account for 65 percent of the nation's foreign-born population, but only 40 percent of the nation's overall population.<sup>21</sup>

Many of the states with the largest immigrant populations by number are also those with the highest percentages of immigrants. However, smaller states such as Hawai'i and Nevada rank high in terms of the percentage of their populations that are immigrants, even though the overall numbers of immigrants in those states are modest relative to the larger states.

In Hawai'i, immigrant population has steadily increased from 162,704 in 1990 to 248,212 in 2010, a growth of 52.6 percent. The breakdown of foreign-born residents by county is: Honolulu, 19 percent; Maui, 15.8 percent; Kauai, 13.7 percent; and Hawai'i, 11.2 percent.<sup>22</sup>

In recent reports, the Migration Policy Institute (MPI) has analyzed the relationship between poverty and immigration status throughout the United States. For Hawai'i, MPI has found that:<sup>23</sup>

- In 2009, 12.6 percent of Hawai'i's immigrant population lived below the poverty threshold, compared with 12.3 percent in 2000, and 11.0 percent in 1990. Meanwhile, 9.9 percent of the native-born population in Hawai'i lived below the poverty threshold in 2009.
- Of the foreign-born population in Hawai'i in 2009, 18.9 percent of noncitizens lived in poverty, compared to 8.0 percent of naturalized citizens.

Within the last decade, Filipinos have become the single largest ethnic group in Hawai'i, surpassing the Japanese, wherein 342,095 persons, (25.1%) self-identified themselves as full or part Filipino, while 197,497 (14.5%) stated they are full Filipinos.<sup>24</sup>

In Hawai'i's public schools, 26.3 percent of students come from immigrant households, 15.8 percent come from households in poverty, 19.6 percent speak a language other than English at home, and 18 percent live in overcrowded living conditions.<sup>25</sup>

This report on Hawai'i's immigrant population gives special focus on the needs of the more recent immigrant arrivals, such as the Micronesians, the Hispanics, and the Filipinos, largely because of the size and high rate of growth of these particular populations in Hawai'i in the last few decades.

## MICRONESIANS

Ordinarily, in Hawai`i, the term “Micronesian” describes people from (a) the Federated States of Micronesia (FSM), which includes Pohnpei, Yap, Chuuk, and Kosrae; (b) the Republic of the Marshall Islands (RMI); and (c) the Republic of Palau (ROP). These three nations are commonly referred to collectively as “Micronesia.”

These three jurisdictions have entered into Compacts of Free Association (COFA) with the United States. One of the primary benefits that the United States confers on citizens of the COFA countries is a right to enter the United States outside the ordinary requirements of U.S. immigration laws, to work here, and to remain indefinitely. However, this relationship does not, in itself, put Micronesians on a path to citizenship.

Because of this special relationship, the United States government treats Micronesians in the United States as “migrants,” rather than as immigrants. From this treatment, the term “COFA Migrants” has recently emerged and is now in general use in the social service agencies that work with Micronesians. Since the mid-1990s, with the enactment of the Welfare Reform Act, Micronesians have been excluded from most forms of federal public assistance, because they enter on non-immigrant visas, and this exclusion has had a major impact on Micronesians’ access to health services.

The Micronesian population in Hawai`i, according to the 2010 U.S. Census, was estimated at 9,500, out of Hawai`i’s total of 1,360,301.<sup>26</sup> However, that figure appears to be low, considering that the U.S. Government Accountability Office (GAO) Report states that there were between 9,479 and 14,951 Micronesians in Hawai`i in 2008.<sup>27</sup>

In that same document, the GAO reports that about 56,000 COFA migrants, nearly one-quarter of all citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, are now residing in the U.S. jurisdictions, while approximately 176,000 reside at home. With 25 percent of all Micronesians in the world already having left Micronesia, we can expect further increases in out-migration into the United States in general, and Hawai`i in particular.

### **Economic Challenges Faced by Micronesians**

A valuable synoptic report on the current conditions of Micronesians in Hawai`i is E. Brekke, C. Filibert & O. Hammond, *A Study of Individuals and Families in Hawai`i’s From the Federated States of Micronesia, the Republic of the Marshall Islands, and Other Northern Pacific Islands* (May 2008) for Pacific Resources for Education and Learning (also called the 2008 PREL Report). The authors make many key findings on the basis of their own research and the research of others that serve as a useful overview. Those findings regarding (a) employment, homelessness, and poverty; (b) health conditions, health care and health literacy; and (c) education, paraphrased in the next several pages, confirmed much of the information that OCS has received in the community needs assessment meetings and what we found in our review of the other literature and studies relating to Micronesians in the United States.

The PREL Report notes that the economic situation in the home countries of Micronesia is underdeveloped and uncertain. This has been reported as a leading cause of migration, but certainly not the only one. Micronesians in Hawai`i are predominantly working in entry-level and service occupations. Income levels are low, but they are increasing. Homelessness is – or at least was – an important concern in 2007. Most Micronesians rent and live in crowded housing, compared to the general population.

While the overall poverty rate in Hawai`i in 2010 was 9.6 percent, the poverty rate for Micronesians in Hawai`i has been considerably higher at 42 percent, according to an enumeration conducted by the U.S. Office of Insular Affairs in 1998.<sup>28</sup>

Many newspaper articles, particularly from about six years ago, report on Micronesians being disproportionately represented in homeless shelters. One study states that, in 2006, Micronesians comprised 49 percent of the occupants of the Next Step homeless shelter in Honolulu. The State Homeless Program Office, Department of Human Services, reports that, as recently as 2011, some 1,990 Micronesians were in homeless shelters, comprising 24 percent of those living there. They were the second largest group, after 2,339 Hawaiians and part-Hawaiians (28%) and just a few more than the 1,973 Caucasians (also 24%).<sup>29</sup> If the total Micronesian population in Hawai`i is approximately 15,000, then far more than ten percent of all Micronesians in Hawai`i are in homeless shelters.

### **Health Care Challenges for Micronesians in Hawai`i**

Micronesians in Hawai`i face a three-fold, mutually reinforcing set of very serious challenges to adequate health. First, they are known to come to the United States with existing health conditions, sometimes life-threatening in the form of advanced diabetes and renal failure. Medical services in Micronesia are not good – there are no dialysis facilities anywhere in either the FSM or the Marshalls. Second, many are impeded by serious inadequacies in their “health literacy,” their knowledge of how to access medical treatment that is responsive to their illnesses. Third, most Micronesians could soon be excluded from health care access through Medicaid or other government-subsidized medical care.

The 2008 PREL Report states, in summary, that many Micronesians suffer from high incidences of diseases found in under-developed countries, such as malnutrition, tuberculosis, dengue fever, cholera, and high incidences of diseases in the developed world, such as hypertension, diabetes, and heart disease.

With respect to health literacy, the 2008 PREL Report notes that there are multiple barriers to effective preventive health care. One key barrier is the set of cultural beliefs and practices that makes communication with health care workers problematic. There are economic factors that contribute to health problems: Healthful food tends to be expensive, compared to canned foods and fast food. Consequently, Micronesians, who are mostly in poverty in Hawai`i, tend not to have good diets, relying more on canned goods. The lack of health insurance is a serious barrier, and the jobs that Micronesians get are often part-time and do not provide health coverage as a benefit.

Since many Micronesians do not have health insurance or are not using it properly, they seek treatment only during acute situations, and use Emergency Room services instead of receiving preventive care.

On the subject of “Health Literacy and Health-Seeking Behavior,” Seiji Yamada, M.D., of the U.H. School of Medicine, Ann M. Pobutsky, Ph.D., of the State Department of Health, and their colleagues, wrote cogently of the multiple serious barriers to delivery of health services to Micronesians:

Navigating the U.S. health system can be confusing for the Americans. It can be daunting for migrants from small island districts to find their way in the U.S. health system – with its complexities of health care financing, assignment to insurance plans, assignment to primary care providers, or the need to make and keep appointments with an array of health care providers (emergency departments, hospitals, private practitioners, community health centers, consulting specialists, and a separate public health system). Choi (2008) found that many Marshallese in Hawai`i do not seek medical care until they suffer from unbearable pain. Once such pain is relieved, many do not seek follow-up care or continue with medications for chronic conditions. Marshallese with limited English skills often depends on networks of family or friends to take them to appointments – such that the schedule of others is often a limited factor. In our clinical experience, many Micronesians and Marshallese patients present late in the course of their illnesses. Many fail to fill their prescriptions and make it to appointments, citing lack of transportation or lack of interpreters.

Many patients go straight from the Honolulu International Airport to one of the hospitals. Such uninsured patients pose financial burdens for hospitals which are obligated to stabilize patients under federal regulations. Upon discharge from the Emergency Department or the hospital, such patients are often referred to community health centers.<sup>30</sup>

The collisions of cross-cultural expectations as to health care and health literacy are magnified by poverty and logistical and funding issues, causing serious frustrations for government staff, service providers, and Micronesians themselves:

Individuals and families from the Micronesian [and] Marshallese Pacific Island areas become caught up in a clash of expectations. Individuals and families migrate seeking health care workers who can cure conditions that actually require daily attention or ways of living or being at times and places where they are expected in order to have tests done or treatments provided. Their place of residence changes from month to month, week to week or day to day. Their phones get disconnected. Their means of transportation change. They may not believe or understand the recommendations [of their health-care practitioners]. Practitioners lose money keeping appointment times open for ones who do not keep these appointments or whose services are not paid for or when payment does not cover costs. Public Health Nurses use a multitude of avenues to bridge the expectations to support the migrants and the local community to achieve a higher level of health status.<sup>31</sup>

## **Educational Challenges for Micronesians in Hawai`i**

As to education, the 2008 PREL Report notes that Micronesian schoolchildren in Hawai`i face formidable language and cultural barriers, initially, and especially language, and even where language is not a factor, lack of preparation in key curricula and other basic skills such as reading a watch or catching a bus. This situation has resulted in substantial numbers of Micronesian students becoming truant, failing, being placed at grade levels below the norm for their ages, and dropping out early. Education in the home countries is seriously inadequate. Moreover, Micronesian students in their home countries were not expected to speak up and act independently and, indeed, such behaviors are frowned upon in many Micronesian cultures.

The PREL Report notes that Micronesian parents often lack understanding of what the State and society expect of them as parents of school children. Despite these barriers, studies show that quality education for their children is a key motivator for Micronesians to come to the United States. Further insightful commentary on the learning difficulties that Micronesian schoolchildren face in Hawai`i comes from Hilda C. Heine, a Marshallese, in “Culturally Responsive Schools for Micronesian Immigrant Students,”<sup>32</sup> another PREL report. Ms. Heine responds to frequently asked questions about why Micronesian children often perform poorly in schools in the United States, and we summarize a few of her comments:

- The dominant cultural practice is for Micronesian children to listen and keep silent until spoken to by an adult. This, plus the insecurity of speaking a new and difficult language, makes children from the islands especially reserved and quiet in class.
- Before academics, schooling for many of these children will initially focus on successfully navigating their way around and figuring out how things are done in their new homes. “Culture shock” will impact behaviors such as communicating properly with teachers and peers, understanding classroom setup and norms, becoming familiar with types of food served in the school cafeteria, knowing the proper clothes to wear, and adjusting to rules in the playground. Respect for authority is taught to children when they are very young. This includes not talking when in the presence of an adult or someone in authority. Because the teacher is seen as an authority figure, most students are quiet in the classroom. Students are self-conscious about their English speaking abilities. They are particularly self-conscious in the presence of other students from the islands, which is another major reason for lack of participation in the classrooms.
- Poor attendance often results from the fact that Micronesians tend to place higher value on family relationships and obligations.

## **Language Barriers for Micronesians in Hawai`i**

Another barrier for Micronesians in Hawai`i is the serious shortage of interpreters and translators, which is particularly problematic for Micronesians because there is no single “Micronesian language.” Thus, for example, a Chuukese fluent in English cannot help a Marshallese who isn’t.

There are nearly a dozen mutually unintelligible Micronesian languages in the Freely Associated States. The six Micronesian languages that are most frequently encountered in Hawai'i are Marshallese, Chuukese, Pohnpeian, Kosraean, Yapese, and Palauan. Reliable statistics of Micronesians in Hawai'i by island group of origin (and thus linguistic group) are hard to come by, but one report states that, of 8,327 Micronesians counted in Hawai'i in 2003, 26 percent were Marshallese, 23 percent were Chuukese, 11 percent Pohnpeian, and 10 percent Kosraean, while the others had insignificantly small representation.<sup>33</sup> Many of these persons undoubtedly speak sufficiently good English to handle most everyday situations without interpreters, but in critical medical and legal situations they may need, or feel that they need, interpreters.

### **Other Issues for Micronesians in Hawai'i**

In 2007, police arrested 1,010 individual Micronesians for 1,700 alleged crimes, and 434 were convicted of 543 crimes. In 2008, 1,758 Micronesians were arrested for 3,033 alleged crimes – nearly double the 2007 figures – and 818 of them were convicted of 1,078 crimes – again, a near doubling. In 2009, police arrested 1,956 Micronesians for 3,296 alleged crimes, and 819 were convicted of 1,081 crimes. All of these 2009 figures were very slight increases over 2008. In 2010, arrests increased again: 2,117 individual Micronesians were arrested for 3,543 alleged crimes, but the conviction rate was slightly lower: 775 were convicted of 992 crimes.<sup>34</sup>

The Hawai'i Department of Public Safety, which administers the State prison system, reported incarcerations of Micronesians to be fairly steady over the past several years: 6,131 inmate-days in FY2008, 6,865 in FY 2009, and 6,435 in FY2010. The breakdowns show that the inmate population from the FSM was somewhat disproportionately larger than the populations from the Marshalls and Palau.<sup>35</sup>

### **Reducing the Fiscal Impact of COFA Migration on Hawai'i's Government**

In 2007-2009, responding to a resolution of the Hawai'i State Legislature, the Department of the Attorney General led a Task Force to study and make recommendations on the impacts of COFA migration into Hawai'i. Their Final Report was issued in November 2009.<sup>36</sup>

Key findings of the Task Force related to the financial cost to the State of hosting Micronesian migrants: The costs to the State are mushrooming. Hawai'i State agencies reported to the Task Force that, in 2006, they had spent some \$91.4 million on behalf of COFA Migrants, and some \$101.6 million in 2007. The vast majority of the expenditures were at the Department of Education for public school student education, and the Department of Human Services, largely for Med-QUEST, the Hawai'i Medicaid program.<sup>37</sup> These figures represent a substantial increase over the Hawai'i State aid to COFA migrants in 2003, which the State estimated at \$32 million.<sup>38</sup>

The COFA Amendments Act of 2003 authorizes a total of \$30 million per year in Compact impact aid to be divided among Hawai'i, Guam, and the Northern Mariana Islands pursuant to a complex formula based on the number of COFA migrants in each jurisdiction and other factors.<sup>39</sup> During 2008 and 2009, Federal impact aid provided to Hawai'i through this mechanism was only \$10.6 million.<sup>40</sup>

The Final Report of the COFA Impact Task Force also contains a number of recommendations for services that parallel the programs that OCS currently proposes. Those recommendations<sup>41</sup> included:

- Establishing “a cultural center model in order to standardize the service delivery process and promote accessibility through a number of designated sites statewide. These centers would be culturally sensitive and may take on one or more formats such as: Virtual service centers with public access to electronic information; multi-purpose outreach service centers, centers in existing public housing community centers, health clinics, or shelters; or mobile service delivery centers”;
- “As an alternative to the center-based model. . ., provide coordinated case-management so that a client would have assistance in navigating the often confusing bureaucracy of the State agencies that provide social services, such as the Department of Health and the Department of Human Services . . .”;
- “Develop case managers within the community . . .”;
- “Develop and implement a health screening and treatment program . . .”; [and]
- “Co-locate state services to the greatest extent possible. For instance, the Department of Health and the Department of Human Services could establish full-time offices or part-time clinics at public housing or emergency shelter housing sites . . .”

## **HAWAII’S FILIPINO POPULATION**

Filipino immigration into Hawai`i, which began in 1906, has now passed its century mark. While many Filipinos in Hawai`i have risen to leadership roles and success in business, the professions, and government, many work in the 21<sup>st</sup> Century “plantations” of the hotels and other service industries.

Today, the Filipino community is no longer predominantly plantation-based. . . . Numerous Filipino community groups and organizations – social, cultural, religious, professional and entrepreneurial – exist throughout the state giving the ethnic Filipino community its dynamism and distinctiveness. . . .

[Starting in the 1960s] the decline of agriculture, the rise of tourism, and Congress’ passage of the 1965 U.S. immigration law would contribute to contradictory but interrelated developments in Hawai`i’s Filipino community. . . .

The decline of agriculture would lead to the “break-up” of the plantation-based Filipino community as sugar and pineapple companies close or phased out their operations in many plantation towns throughout the islands. As the largest ethnic group in the sugar and pineapple industries, Filipinos were the most affected by the gradual decline of these industries. Thousands of Filipino workers were forced to look elsewhere for jobs in the emerging tourism industry – in the hotels, golf courses, restaurants, and construction sites.

[Filipinos in Hawai`i continue to be concentrated] in jobs associated with Hawai`i's "new plantations" – as housekeepers in the hotels, as busboys and kitchen help in food/restaurant services, and as janitors in airports, banks, and other business establishments. This stratification in the work place is reinforced by the re-emergence of ethnic enclaves – identifiable Filipino neighborhoods and districts in the new and old urban areas of Hawai`i.<sup>42</sup>

Filipinos have become the single largest Asian ethnic group in Hawai`i, as of the 2010 Census. In the Census, 342,095 persons (25.1% of the State's total population) self-identified as full or part Filipino, and of that total, 197,497 (14.5% of the State's total) stated that they were full Filipino.<sup>43</sup> While Filipino immigration has been longstanding, and Filipinos comprise a very large segment of the total population, cultural and language barriers and discrimination still exist, and many Filipinos remain in poverty.<sup>44</sup>

The Hawai`i Department of Health reports that Filipino immigrants who have been in the United States for less than five years have been able to receive limited numbers of doctor visits through that department. The Department further reports a recurring problem with husbands who sponsored their wives to come to Hawai`i and have abandoned them, leaving the wives with no means of support. Often, these women are not eligible for MedQuest because of the five-year waiting period that is applicable to all immigrants. (This problem is certainly not unique to Filipinos, but because Filipinos are the largest group of recent immigrants, there are a relatively large number of Filipino women in this situation.) Separately, teen pregnancy is a big problem among some Filipinos.<sup>45</sup>

A major issue in the Filipino community that continues to need addressing is domestic violence (DV). Here too, it would be unfair and inaccurate to imply that this is predominately a Filipino problem – it is not, but certain cultural factors in the Filipino community tend to suppress reporting and relief from the problem. (These cultural factors also appear in other immigrant communities in the United States,<sup>46</sup> but have not been well documented in the literature in Hawai`i.)

In 2000, the [Domestic Violence Action Center] found that four of the seven domestic violence-related homicides were committed by Filipino men against their wives. The number of homicides is not a statistic the organization tracks, but as a response, it created the Pilipina Rural Project to educate Filipino women about their rights and options.

The hope was to educate community leaders about the problem so they could help create solutions among Filipinos, said Helena Manzano, program manager for the project.<sup>47</sup>

The director of the Center for Philippine Studies at U.H. Manoa, Dr. Belinda Aquino, commented on a surge of murders of wives by husbands in the Filipino community in Hawai`i in early 2008, stating:

The Center notes that the majority of the victims of domestic abuse, at least 60 percent, are Filipino women and girls, both immigrant and local-born. Explanations have ranged from "cultural factors" like "Filipino males being

possessive and prone to jealous rage” to “financial reasons,” such as the high cost of living and slowing economy in Hawai`i. But these are all largely speculative, which may be incidental or irrelevant to the actual circumstances of the tragic murder-suicides.<sup>48</sup>

Some factors that exacerbate DV problems in the Filipino community seem to include: a sense of shame that women may feel about taking DV issues outside the house to service providers, and to protect their families from embarrassment – as one Filipina participating in a march on Maui against DV said “It’s so deeply ingrained in the person, in the culture.” Other critical factors for some Filipina women are language barriers, lack of knowledge about resources, such as shelters, counseling, and other services.<sup>49</sup>

## **HAWAII’S HISPANIC POPULATION**

The first large influx of Hispanic people into Hawai`i began when Puerto Ricans arrived in large numbers during the 1900s to work on sugar plantations, and still account for the single largest group of Hispanics in Hawai`i. The terms “Hispanic” and “Latino” are used interchangeably in this report.

With a shortage of agricultural workers in the late 1980s and early 1990s, pineapple companies on Maui and Moloka`i made arrangements to hire contract laborers, mostly Mexicans from Arizona and California. While men worked in the fields, several hundred Mexican women were employed at Maui Pineapple Co.’s Kahului cannery.

Like the immigrants who worked in the pineapple fields before them, Hispanics have moved on to hotel jobs and other opportunities, forcing Maui Pine to recruit new contract laborers. Many of these new contract laborers have been new migrants who arrived from Micronesia.<sup>50</sup>

Hawai`i’s Hispanic community has increased 21 percent over the past decade. Statewide, 106,300 people self-identified as Hispanic in the 2010 census, up from 87,693 in 2000, when they made up 7 percent of Hawai`i residents. Maui has the fastest-growing Hispanic population, up 58 percent in ten years, to 14,960. The increase was similar on the island of Hawai`i, which counted 21,383 Hispanic residents, a 52 percent jump in 10 years. By contrast, the overall state population grew by only 12 percent over that decade.<sup>51</sup>

Monisha Das Gupta, Director of the University of Hawai`i Center for South Asian Studies, Ethnic Studies Department, has written recently about discrimination and harassment on Maui of people of Mexican descent:<sup>52</sup>

Our pilot study indicated that the lack of language access impacts both men and women in gender specific ways. Women faced problems communicating with school officials with regard to their children’s education, representatives of the Child Welfare Services, health care providers, and when interfacing with the criminal and immigration courts with regard to their own cases or those of family members.

Ironically, Mexican residents of Hawai‘i, regardless of their immigration status, are hyper-visible to local law enforcement and to the Immigration and Customs Enforcement. . . . Immigration-related enforcement has escalated in the last four years, and has taken the form of highly publicized workplace raids, and less publicized knock-and-talk tactics, and DUI and traffic stops. The situation on Maui, where Mexicans work in significant numbers in the hotels and restaurants, construction, and agriculture, is very grave. The Maui police have had a history starting in the mid-1990s, of acting (without authorization) as an arm of immigration enforcement despite community-based efforts to train the Maui police not to profile Latinos on the basis of their appearance and language. With the county and federal level authorities agreeing to biometrically check not only the criminal record of someone in the custody of the local police but also his/her immigration status, Mexican communities are wracked by a deportation crisis.

[As with the situation on the U.S. Mainland], the crisis plays out in a gendered fashion. Men are most often targeted for detention and deportation. This tendency has led to the feminization of poverty for heterosexual migrant families, especially women with children. The service providers and community advocates we interviewed expressed alarm at the increase in female-headed, first-generation migrant families. These women had few avenues of public assistance, and often did not access legitimate sources of support for their U.S.-born children because of language barriers and/or their own immigration status . . . . The incarceration and deportation of either parent has created a crisis in fostering the left-behind children.

In addition, Mexicans compete fiercely with Filipinos, Native Hawaiians, and Micronesians in construction, tourism and agriculture – lower paying sectors in which they are concentrated. Class tensions get racialized and nationalized with co-workers reporting Mexicans they suspect of being undocumented to immigration authorities. . . .

Immigration issues remain highly sensitive on Maui: In early 2009, Maui’s Hispanic community launched a “know your rights” campaign following a crackdown by immigration enforcement officers that led to much distress and many perhaps unanticipated adverse consequences in the Hispanic community:

Maui’s Hispanic community and local churches are organizing a “know your rights” campaign in the face of a crackdown by federal immigration officials on undocumented immigrants....Church organizers with Faith Action for Community Equity, an interfaith alliance formed to address social issues, said they were concerned about how the surge in deportations was splitting up families and how the aggressive, in-your-face approach of federal officers was terrorizing young children who might be in a home during a raid. Fear of deportation is making some undocumented immigrants reluctant to report crimes, ask for help, or even seek medical care, where they weren’t afraid to do so before, said, Gilberto Sanchez, a leader in Maui’s Hispanic community.<sup>53</sup>

It is also clear that barriers relating to a person’s immigration status will have an adverse impact on the person’s ability to obtain assistance in law-enforcement situations. This was apparent particularly in our Needs Assessment meeting on Maui, where Hispanics described their reluctance to seek law-enforcement assistance when they expected to be harassed because of their actual, or presumed, status as illegal immigrants. While this situation is not limited to Hispanics, the following description from a National League of Cities report of the situation in El Paso, Texas, reflects what we believe is taking place in Hawaii as well, and not solely in the context of domestic violence:

Immigrants too often become victims of domestic abuse, feeling powerless to seek help or protection. Many batterers use the immigration status of their partners as a way to control them. The abuser may exploit the immigrant in many ways, such as destroying or stealing his or her papers, by calling him or her names such as “illegal,” by threatening to have the person deported or reporting his or her immigration status. The victims may be afraid to come forward because they are undocumented and may be deported. Fortunately, they still have many rights. The City of El Paso’s Police Department is aware of the concerns these immigrants may have and has established a Victim Service Unit to work with immigrants to make sure that they are aware of their rights. Most importantly, as victims of crimes, they are not required to report their immigration status to police. A female immigrant who goes to a battered women’s shelter has the right to keep her immigration status private. El Paso residents are not required to be citizens in order to get a restraining order and are also entitled to receive emergency medical care. The El Paso Police Department is dedicated to making sure that everyone – including immigrants – is aware of his or her rights and will not hesitate to seek help and legal support. The Victim Services Unit provides assistance to all victims through awareness, education, information, and resources with the respect and dignity victims deserve. Victims have the right to be protected from all harm and threats and have the right to privacy. Although the Police Department understands that deportation is a possible outcome for immigrant victims, safety for these victims is considered paramount.”<sup>54</sup>

These are difficult, indeed intractable, issues that we cannot expect to “solve,” but rather assist the client community in coping with them.

## **NATIVE HAWAIIANS**

The Office of Hawaiian Affairs has recently reported that “Native Hawaiian families have the lowest mean income of all ethnic groups in the state. Additionally, Native Hawaiians in Hawai‘i had the highest percentage of people living below the poverty line in 2000. Specifically, Native Hawaiians have a poverty rate of 12.2 percent, while non-Natives have a poverty rate of 8.6 percent.”<sup>55</sup>

Beyond poverty statistics, some of the most pronounced disparities between Native Hawaiians and the general population in Hawai‘i relate to the criminal justice system, where Hawaiians typically are convicted at a greater rate, serve longer sentences, and do more poorly than other

offenders. OHA's 2010 report, *The Disparate Treatment of Native Hawaiians in the Criminal Justice System*, made several key statements and findings, some of which we quote here:<sup>56</sup>

The disparate impact of the criminal justice system on Native Hawaiians is apparent at every stage of the criminal justice system, starting from arrest and continuing through parole. The impact is cumulative, starting with a relatively small disproportionality at arrest, but revealing itself to be more distinct at sentencing and incarceration. Disproportionate representation at entry into the system is exacerbated by pretrial detention, which has been found to relate to an increased likelihood of incarceration; subsequently, time spent away from community and family while in prison can make transition back to the community difficult, potentially increasing the likelihood of returning to prison. The cycle repeats itself and notably, negative cyclical effects are concentrated on Native Hawaiian communities.

The OHA 2010 report further states that:

Given a determination of guilt, Native Hawaiians are more likely to get a prison sentence than all other groups.

Native Hawaiians receive longer prison sentences than most other racial or ethnic groups.

Native Hawaiians are sentenced to longer probation terms than most other racial or ethnic groups.

Native Hawaiians make up the highest percentage of people incarcerated in out-of-state facilities.

Hawai'i has the largest proportion of its population of women in prison, and Native Hawaiian women comprise a disproportionate number of women in the prison.

Parole revocations contribute to the number of Native Hawaiians in prison in Hawai'i. Although Hawai'i released 644 people from prison to parole in 2009, 249 people were also returned to prison by revoking parole. Native Hawaiians had one of the lowest ratios of release to revocations.

Native Hawaiians do not use drugs at drastically different rates from other races or ethnicities, but go to prison for drug offenses more often than people of other ethnicities.

**Lack of Programs and Services in Prison to Prepare a Person for Returning to Their Community:**

Often, people in prison are required to participate in specific programs and services in order to be eligible for release. Without the completion of those programs, a person can be denied parole. However, programs and services

frequently fill up, leaving no available spots for everyone who needs to participate. Not only are people in prison prevented from earning the earliest release possible, they could also potentially get to the end of their sentence and be released without the services that might facilitate reentry and prevent return to prison. Complicating a successful re-entry process is that some people are returning from prison after serving their time on the continental United States because they are placed directly into the community without adequate resources to sustain themselves.

### **Diminished Educational Opportunities**

Arguably one of the most effective means of reintegrating into society and building a productive future after incarceration is through education – especially postsecondary education. However, federal law disqualifies students convicted of drug-related offenses from receiving financial aid [for varying periods of time after release]. The waiting time to become re-eligible ranges from one year to life, depending on the number of previous offenses.

Ex-offenders in general, and Native Hawaiians in particular, have been heavily represented in our ECS-LIP programs, and we expect those proportions to continue.

The Office of Community Services has begun making efforts to partner with agencies serving Native Hawaiians to assure culturally competent and effective strategies in its programs and services and will continue to track their utilization of services. OCS will continue to remain aware of the large representation of Native Hawaiians in our programs and refine our service methods to meet this ongoing challenge.

### **Community Needs Assessment Meetings**

After substantial prior planning, OCS held a series of Community Needs Assessment meetings from May through July 2012, to ascertain how best to improve services to these communities, by creating new programs and/or reshaping OCS' existing programs to insert a dynamic element to the services that seems currently to be lacking. The Needs Assessment meetings were held in Hilo, Kahului, Honolulu, and Lihue. Those listening-session meetings involved dozens of people from OCS' client communities – both individuals and organizations in the client communities, plus some 40 representatives of current service providers for OCS, other non-profit organizations, churches, and other government agencies that assist these communities. See Parts VIII and IX for lists of those organizations and individuals.

Through questionnaires, small-group sessions, and the larger meetings, OCS gathered substantial information about meeting the core needs of our client communities within the severe budget constraints that we all continue to face. The information gathered through Needs Assessment was corroborated in large part by the documentary research that OCS has been conducting.

### **Literature Review**

OCS staffers have gone through an extensive review of the large body of available literature on poverty in Hawai'i. These materials include census data; language-access data and other information; needs assessment reports and other information from our Community Action Agencies; and public health journals. The most important reports and documents are discussed in detail in this report.

### **Community Needs Assessment Findings**

**Poverty as a Proxy Measurement for Disadvantage:** As we noted above in the Introduction, OCS is charged by statute to serve the “disadvantaged” communities of Hawai'i. These communities include, for the purposes of our enabling statute, immigrants, refugees, low-income persons generally, “and other people in need.”<sup>57</sup>

OCS has historically used poverty generally, and in particular the formal federal measurement of poverty – the Federal Poverty Guide Line (FPGL), as adapted for Hawai'i – as a proxy for identifying who is “disadvantaged” for purposes of receiving support under OCS programs. We recognize, however, that use of the FPGL, and its related measuring-stick, the Federal Poverty Level, also known as the Federal Poverty Line or Federal Poverty Threshold, has come under increasing criticism. That is because these measurements use income as the exclusive basis for ascertaining poverty.<sup>58</sup> As the December 2006 report of the Hawai'i Alliance for Community-Based Economic Development (HACBED) notes, “the Federal Poverty Level [FPL] . . . is woefully inadequate to live off in Hawai'i.”<sup>59</sup>

## PART V: SUMMARY OF FINDINGS, RECOMMENDATIONS, AND ACTION STEPS

The findings, recommendations, and action steps below represent our research and the commitments we are making to better the conditions of our client communities. OCS acknowledges we will not be able to accomplish these goals alone, or adequately address the findings and recommendations that require systemic reforms. For the purposes of this report, we offer our concrete contributions to the alleviation of the problems.

### Finding No. 1

The Federal Poverty Guide Level (FPGL) based on income does not take into account the high cost of living in Hawai`i.

- *Recommendation: Propose a state definition of poverty that takes proper account of Hawai`i's cost of living.*
- **OCS Action Steps:** OCS has already collected and researched a number of different reports proposing alternative poverty measures, including the Supplemental Poverty Measure and the Consumption-Based Poverty measure. OCS plans to support legislation to define a minimum standard of living and create a local index to accurately identify the income and supports needed to maintain such a minimum standard.

### Finding No. 2

Our client communities have seriously insufficient access to information on how to “navigate the system” of services and resources that will assist them in becoming more economically self-sufficient and to contribute more to the communities in which they live and to society as a whole. A key example is low utilization of benefits such as the Federal Earned Income Tax Credit (EITC) by low-income families in Hawai`i. Furthermore, HACBED reports that of the 4,386 Federal Returns filed, 1,539 persons stated they would use their return to pay bills, suggesting a lack of access to alternative financial products and information. State supports are nonexistent.

- *Recommendation: Increase access through Community Resource Centers and outreach workers to help community members “navigate the system.” Provide financial literacy workshops and education to low income families. Increase assistance in public awareness of and applying for the Federal Earned Income Tax Credit (EITC).*
- **OCS Action Steps:** As part of this report, OCS is proposing to establish Immigrant Resource Centers to provide outreach, intake, information, and referrals to a comprehensive array of wraparound services.

OCS is also proposing to strengthen the financial literacy components of its Employment Core Services programs and to include financial literacy as a component of other OCS programs as well. One key aspect of assisting our client communities to recover financial benefits that they have earned is to ensure that all eligible persons receive their federal Earned Income Tax Credits. This effort alone could bring into Hawai`i about \$30 million in federal dollars.<sup>60</sup>

### **Finding No. 3**

Low-income persons pay a greater percentage of their income for basic services such as gas, food, and auto insurance and they are vulnerable to predatory lenders such as short-term “pay day” loan dealers.

- *Recommendation: Promote accumulation and maximization of assets through Asset Development and Financial Literacy training. Promote state and private investments in Individual Development Accounts, which provide mechanisms for obtaining an asset such as a house down payment or college tuition. Other policy strategies may include placing ceilings on the interest rates for certain financial products, as well as incentivizing mainstream banking institutions to offer services to individuals not currently engaged in the traditional financial system or the “unbanked.” Cooperative lending strategies as an alternative to other types of loans should also be explored.*
- OCS Action Steps: OCS currently has limited program modules for financial literacy. We are improving Financial Literacy components by researching and developing standardized core competencies for our programs. OCS will review and discuss with policy makers and service provider appropriate strategies to help low-income persons make informed financial choices.

### **Finding No. 4**

Lack of health care literacy and access.

- *Recommendation: Improve health care literacy through immigrant services and related OCS programs, and improve access by providing our client communities with the information needed to maximize utilization of the Affordable Care Act.*
- OCS Action Steps: OCS plans to include health literacy as a component in its immigrant services programs. In its role on the Financial Assistance Advisory Council, OCS has begun talks with other Departments, such as Human Services, on the eventual implementation and impact of the Affordable Health Care Act on programs for Low-Income Persons.

### **Finding No. 5**

Lack of affordable housing and long wait lists lead to overcrowded living conditions, homelessness, and increased social and individual stressors that tend to result in domestic violence and other anti-social behaviors.

- *Recommendation: Promote additional strategies for investment in affordable housing, including extending housing programs to include coops and self-help housing developments.*
- OCS Action Steps: OCS plans to actively support our client communities in gaining improved access to such programs as the Low-Income Housing Tax Credit (LIHTC), Rental Housing Trust Fund (RHTF), Rental Assistance Revolving Fund (RARF), Hula Mae Multifamily Revenue Bond, Dwelling Unit Revolving Fund (DURF). We plan to support

cooperative development strategies and owner-builder assistance models such as “self-help housing.

### **Finding No. 6**

Zero to low job mobility among low-wage workers due to skill gaps and limited opportunities to transfer their skills into better-paying jobs.

- *Recommendation: Coordinate workforce and economic development through investment in job training programs tailored to private sector needs.*
- **OCS Action Steps:** OCS and other State agencies continually acknowledge the need for more private sector input in job training programs. Through integrated outreach to employers who seek new workers in shortage categories, such as computer literacy or soft skills, skill gaps can be identified and more targeted and relevant training can be provided. OCS plans to assist this effort by convening non-profit and other training professionals to bridge the gap between government’s training priorities and private sector employer needs and plans.

### **Finding No. 7**

Serious language barriers exist in accessing information and needed services.

- *Recommendation: More translation and interpretation services must be made available to limited English proficient (LEP) individuals. At a policy level, the Office of Language Access should be given greater statutory authority to mandate compliance among state departments and agencies. They should also be adequately supported through funding, staffing, and department administration buy-in so that they may put in place more effective mechanisms to better serve LEPs.*
- **OCS Action Steps:** OCS maintains an active working relationship with the Office of Language Access (OLA). Although it is OLA’s chief responsibility to assist the State agencies with compliance, planning, technical assistance, and implementation, OCS can help provide micro-level training in cultural competencies. OCS will be requiring service providers for immigrants to have interpreter services available as needed for LEP individuals in their programs.

### **Finding No. 8**

Our immigrant communities continue to have adaptation issues such as lack of familiarity with cultural, social, and legal expectations in Hawai`i.

- *Recommendation: Promote acculturation training for immigrants focusing on newcomers who need to learn their rights and civic responsibilities as members of the larger community.*
- **OCS Action Steps:** With this present report, OCS proposes to establish acculturation classes and services for immigrants.

### **Finding No. 9**

Certain government agencies and staff lack cultural sensitivity to the needs and values of new immigrants.

- *Recommendation: Promote cross-cultural training for government workers who come into regular contact with new immigrants, such as law-enforcement personnel, health care workers, and other frontline staff.*
- OCS Action Steps: OCS has already begun talks with affected groups commonly susceptible to cultural misunderstanding, including service providers, the Honolulu Police Department (via the Weed and Seed Strategy Program), and client populations to foster acculturation opportunities.

### **Finding No. 10**

New immigrants lack adequate financial knowledge (“financial literacy”) including consumer rights and responsibilities, banking, protection from identity theft, and use of credit services and products such as predatory loans.

- *Recommendation: Promote financial literacy training.*
- OCS Action Steps: Besides making the proposals contained in this report and going forward with RFPs and contracting for such new and enhanced services, OCS has begun talks with credit counseling agencies and lending institutions to develop “core competencies” to be integrated into immigrant program curricula.

### **Finding No. 11**

Our client communities need help in “navigating the system” of public assistance and services, adult education, library services, obtaining legal documents, such as drivers’ licenses, state IDs, passports and immigration documents, and in gaining the ability to secure and maintain jobs.

- *Recommendation: Encourage service providers to employ bilingual system navigators to help new immigrants more easily gain access to services and secure employment.*
- OCS Action Steps: OCS is proposing to establish Immigrant Resource Centers with bilingual outreach workers to provide culturally appropriate individualized assistance for newcomers, so that they may more readily access the public benefit system and obtain and retain productive employment.

### **Finding No. 12**

Inadequate public transportation services, particularly on the Neighbor Islands, adversely affect our client communities in finding and keeping jobs, attending schools, obtaining medical care, traveling to job training sites, and similar critical needs.

- *Recommendation: Advocate for enhanced transportation services, especially for isolated areas on the Neighbor Islands.*
- OCS Action Steps: OCS has previously served as a low-income representative for the Department of Transportation's planning committee on Job Access and Reverse Commute (JARC) funds and is willing to continue to do so. OCS can also provide Technical Assistance to transportation entities in marketing and outreach to increase the trip counts of reimbursable populations, such as Seniors and permanently disabled.

### **Finding No. 13**

Prevalence of domestic violence (DV) in new immigrant families, which is exacerbated by financial problems, overcrowded living conditions, and cultural factors that tend to justify such conduct and discourage victims from seeking help.

- *Recommendation: Specific focus on DV in acculturation training and encourage DV service providers to use culturally appropriate outreach and intervention modalities.*
- OCS Action Steps: The proposed acculturation services in the new and enhanced OCS programs will include a specific focus on DV issues.

### **Finding No. 14**

Need for legal services in the civil and criminal fields, family law, domestic violence, consumer-rights, landlord-tenant, and employment discrimination.

- *Recommendation: Promote increased public funding for culturally appropriate DV programs and services aimed at increasing awareness and preventing domestic violence in immigrant communities.*
- OCS Action Steps: OCS has proposed legal services as a component of our Immigrant package.

OCS intends to seek general revenue funds from the State Legislature to support the following proposed programs and services:

**Community Resource Centers (CRCs)**

Among the key services to be provided are outreach, intake, information and referral at CRCs that will be open to all disadvantaged persons.<sup>61</sup> OCS proposes to set up at least one center in each county. These activities are aimed at providing culturally and linguistically appropriate outreach modalities, integrating and simplifying intake and application procedures for a variety of public benefits, and providing information on available benefits and services.

**Employment Core Services (ECS) for Low-Income Persons**

All core services assist low-income persons in becoming job-ready while service providers assist clients with job placements, job maintenance, and support. The service providers monitor clients' status for a full year after they are placed in jobs.

**Employment Core Services (ECS) for Immigrants**

Acculturation and English as a Second Language (ESL) will be added to the core services of job training, job placement and retention. This program requires bilingual counselors to deliver culturally competent services to help immigrants acclimate to U.S. culture and education, tax and employment systems.

**Employment Core Services (ECS) and Reintegration Training for Ex-Offenders**

This program will provide our basic service package while including assistance for barriers specific to the ex-offender population. This structure will assist OCS in tailoring pricing as well as coordinating the program more closely with the Public Safety Department. Providers will be required to possess skills appropriate to work with the population *in situ*, as well as have auxiliary services necessary to ameliorate those specific barriers.

**Legal Services to Immigrants**

Legal assistance will be provided to low-income immigrants in civil matters relating to domestic abuse, housing, consumer and employment issues.

**Financial Literacy and Asset-Building for Low-Income Persons**

The addition of this program will incentivize and teach clients to maximize resources and save, while understanding the consequences and benefits of increasingly complex financial products and services.

## PART VII: CONCLUSION

OCS is confident that the new and modified programs and services that we are proposing will result in substantial economic and non-economic benefits to the entire State of Hawai`i. As with our other programs, we are investing in human capital, one of our most valuable resources.

We anticipate benefits measured in economic terms such as jobs, fewer individual and family crises require interventions by law enforcement, and increased access to services ranging from medical care, translation services, remedial education, and housing. We anticipate substantial benefits that are less easily measurable: Better living strategies and conditions in our immigrant communities will inevitably reduce the tax burdens and other social burdens for the entire population of the State.

The first key contribution of these new programs is to provide information in a dynamic, client-focused manner that will help ensure people understand what resources are available and will encourage and assist clients in using those resources effectively. Thus, the CRCs are intended to be “first-stop shops.” OCS will collect feedback from CRC clients to ensure continuous improvement. Further, we expect feedback to assist us to refine programs, or identify client groups needing services.

The second key contribution is to strengthen relationships among service providers who are already working with Hawai`i’s disadvantaged. Many agencies and providers, including those of the State, are not fully aware of the range of resources that are available to their clientele outside their own particular fields of service and expertise.

Accordingly, we are planning to coordinate an ongoing series of conferences among governmental and non-governmental agencies, organizations, and individuals to provide information exchanges on how best to assist our disadvantaged populations to become economically self-sufficient and contributors to the society around them. This is pursuant to one of the statutorily mandated roles of OCS: to “maintain contacts with local, state, and federal officials and public and private agencies concerned with planning for the low-income disadvantaged, immigrants, and refugees.”<sup>62</sup>

We see our proposed programs as a means to add a dimension of dynamic and synergistic interrelationships among service providers and the government agencies, including OCS.

We intend to design the details of our new and expanded programs to complement, rather than duplicate, the current work of service agencies, filling in gaps and, most importantly, attempting to create a level of dynamism that may currently be in short supply. We expect to work with service providers, to ensure that our work through this new program enhances their work, rather than unnecessarily overlapping it.

The Office of Community Services has recently issued Requests for Information (RFI)<sup>63</sup> to seek additional input from prospective service providers as to what they consider feasible and deliverable services within the scope of their respective activities, and it has now received

responses to the RFI. These responses are being used to further evaluate and shape our proposed new programs and services.

Readers of this Report are encouraged to contact OCS with their comments and suggestions. We thank everyone who has participated in the Needs Assessment process, and we look forward to receiving statements of interest and proposals for contracts from those who are ready to work with us on these New Day programs for the most disadvantaged residents of the State of Hawai'i.

## **PART VIII: ACKNOWLEDGMENTS: ORGANIZATIONS**

The following community organizations, churches, non-profit NGO service provider organizations, and state and county government agencies were represented at the OCS needs assessment meetings, and they provided valuable contributions to the Needs Assessment process that is reflected in this report, for which the Office of Community Services thanks them:

Department of Health – Affirmative Action Office  
Department of Health – Bilingual Health Service  
Department of Health – Chronic Disease Management and Control Branch  
Department of Health – Maternal and Child Health Branch  
Department of Health – Special Supplemental Nutrition Program for Women, Infants and Children  
Department of Human Services – Benefit, Employment and Support Services Division  
Department of Human Services – Med-QUEST  
Department of Labor and Industrial Relations – Office of Language Access  
Department of Land and Natural Resources  
Hawai`i State House of Representatives  
Hawai`i State Coalition Against Human Trafficking  
Hawai`i State Civil Defense  
Hawai`i Community Correctional Center  
County of Hawai`i Immigration Office  
County of Hawai`i Office of Housing and Community Development  
County of Hawai`i Prosecutor’s Office  
County of Maui Immigrant Services  
Agape Housing  
Aloha Health Connection  
Ating Bahay  
Catholic Charities of Hawai`i  
Child and Family Service  
Chuukese Community on Hawai`i Island  
Domestic Violence Action Center  
EAH Housing  
Faith Action for Community Equity  
Goodwill Industries of Hawai`i  
Hale Opiopio, In-Community Programs for Children, Youth and Families  
Hawai`i Appleseed Center for Law and Economic Justice  
Hawai`i Disability Rights Center  
Hawai`i Immigrant Justice Center at the Legal Aid Society of Hawai`i  
Hawai`i Community Correctional Center  
Hawai`i County Economic Opportunity Council  
Hawai`i State Civil Defense  
Helping Hands Hawai`i  
Hepatitis Support Network of Hawai`i  
Hispanic Community  
Honolulu Community Action Program  
Hui for Excellence in Education “He’e” Coalition

Kahale A Ke Ola Homeless Resource Center  
Kauai Economic Opportunity  
Kokua Kalihi Valley  
Marshallese Community – Maui and Kauai  
Maui Economic Opportunity  
Maui International Language School  
Maui Job Corps Center  
Micronesians United  
Micronesians United Big Island  
Oahu Filipino Community Council  
Office of the Attorney General  
Office of the Attorney General - Missing Child Center  
Pacific Alliance to Stop Slavery  
Pacific Gateway Center  
Palama Settlement  
Parents and Children Together  
Philippine Nurses Association of Hawai`i  
Pohnpeian Community  
Teach For America  
The Salvation Army  
United Filipino Council of Hawai`i  
University of Hawai`i at Hilo  
University of Hawai`i Medical and Legal Partnership  
Volunteer Legal Services Hawai`i  
Volunteer Organizations Active in Disasters – Kauai  
Weed & Seed Program

**PART IX: ACKNOWLEDGEMENTS: INDIVIDUALS**

**PART X: COMMUNITY MEETING PHOTOS**

## PART XI: END NOTES

<sup>1</sup> HRS §371K-3(3).

<sup>2</sup> HRS §§371K-1, 371K-3(2).

<sup>3</sup> When OCS was established in 1985, to consolidate State anti-poverty agencies into the new Office of Community Services, one of those agencies was the State immigrant services center. See HRS §371K-1(4). Our proposed Community Resource Centers will be open to all disadvantaged persons.

<sup>4</sup> “Poverty in Hawaii continues to grow,” Hawaii News Now, Sept. 12, 2010, <http://www.hawaii.newsnw.com/Global/story.asp?S=13173695>.

<sup>5</sup> “The current measure was developed in the early 1960's by Mollie Orshansky in the Social Security Administration based on survey results from the 1950's regarding American families' food consumption. At that time, families spent one-third of their after-tax income on food. Orshansky posited a federal poverty level based on three times the subsistence food budget. Since then, the measure has only been updated for inflation. Yet, many things have changed in the past four decades. First, food costs comprise about 1/7th of an average family's expenditures today while housing, child care, health care, and transportation costs have risen and take up a much larger proportion of family income. Second, the current measure is based solely on cash income and does not consider other resources that are now available to families . . .” CLASP Measure by Measure: The Current Poverty Measure v. the National Academy of Sciences Measure (Nov 2009), at 1. <http://www.stateinnovation.org/Publications/All-Publications/Report---120309---CLASP---Measure-by-Measure.aspx>

<sup>6</sup> <http://www.cnpp.usda.gov/Publications/FoodPlans/2012/CostofFoodJul2012.pdf>

<sup>7</sup> The 2012 rate on the Mainland for a family of four is \$23,040, while for Hawaii it is \$26,510, a differential of 13%. <http://aspe.hhs.gov/poverty/12poverty.shtml>. While food is now considered to cost only 1/7<sup>th</sup> of net family income, rather than 1/3 as in the 1950s, Hawaii's other enhanced costs of living still require that the Hawaii poverty level substantially greater than that on the US Mainland. The current 13% differential is seriously inadequate.

<sup>8</sup> <http://www.census.gov/hhes/www/poverty/about/overview/index.html>

<sup>9</sup> Hawaii Alliance for Community-Based Economic Development (HACBED), “Asset Building Policy for Hawaii,” at 8-9 (December 2006) (underscoring added; footnotes omitted). <http://www.aecf.org/~media/Pubs/Topics/Economic%20Security/Other/AssetBuildingPolicyforHawaii/FES3622H1410.pdf>.

<sup>10</sup> Hawaii Revised Statutes §387-2. Attempts to increase that figure since then have been unsuccessful.

<sup>11</sup> Hawaii Appleseed Center for Law and Economic Justice, The State of Poverty in Hawaii (April 2012), at 21. <http://www.hawaiireporter.com/wp-content/uploads/2012/04/State-of-Poverty-FINAL.pdf>.

<sup>12</sup> <http://uhero.prognos.com/>

<sup>13</sup> See “Out of Reach 2012 – America's Forgotten Housing Crisis” (unpaginated), March 2012, <http://nlihc.org/sites/default/files/oor/2012-OOR.pdf>, authored by the National Low Income Housing Coalition. The article notes that, “In no state can a minimum wage worker afford a two-bedroom unit at Fair Market Rent, working a standard 40-hour work week,” and it states that one worker working at minimum wage would have to work 188 hours per week – an impossible work load – there are only 168 hours total in a week – in order to afford the Hawaii average FMR of \$1,650 per month for a two-bedroom apartment.

<sup>14</sup> All figures rounded. <http://factfinder2.census.gov/faces/tableservices/jsf/pages/Productview.xhtml?src=bkmk>.

---

<sup>15</sup> Hawaii Appleseed Center for Law and Economic Justice, *The State of Poverty in Hawaii* (April 2012), at 11 (underscoring added). <http://www.hawaiireporter.com/wp-content/uploads/2012/04/State-of-Poverty-FINAL.pdf>.

<sup>16</sup> S. Yuan, et al., *Quality of Life in Hawai‘i, 2009 Report: Framework, Indicators, and Technical Documentation*, at 81. [http://uhfamily.hawaii.edu/publications/brochures/QOLInHawaii2009\\_FullReport.pdf](http://uhfamily.hawaii.edu/publications/brochures/QOLInHawaii2009_FullReport.pdf)

<sup>17</sup> See, e.g., Hawaii News Now, July 31, 2012: <http://www.hawaiinewsnow.com/story/19162022/lhawaiis-growing-number-of-homeless-seniors>.

<sup>18</sup> [http://www.eia.gov/electricity/monthly/epm\\_table\\_grapher.cfm?t=epmt\\_5\\_6\\_a](http://www.eia.gov/electricity/monthly/epm_table_grapher.cfm?t=epmt_5_6_a).

<sup>19</sup> Honolulu Star-Advertiser, Feb. 8, 2012 (all figures rounded). <http://www.staradvertiser.com/news/breaking/138974334.html?id=138974334>.

<sup>20</sup> Hawaii Appleseed Center for Law and Economic Justice, *The State of Poverty in Hawaii* (April 2012), at 16-17 (underscoring added). <http://www.hawaiireporter.com/wp-content/uploads/2012/04/State-of-Poverty-FINAL.pdf>.

<sup>21</sup> Steven A. Camarota, *Immigrants in the United States: A Profile of America’s Foreign-Born Population*, Center for Immigration Studies (Aug. 2012), at 13-14 & Table 1. <http://www.cis.org/articles/2012/immigrants-in-the-united-states-2012.pdf>.

<sup>22</sup> <http://www.indexmundi.com/facts/united-states/quick-facts/hawaii/foreign-born-population-percent#table>

<sup>23</sup> Migration Policy Institute, MPI Data Hub, Hawaii Income & Poverty Fact Sheet, <http://www.migrationinformation.org/datahub/state4.cfm?ID=HI>

<sup>24</sup> State of Hawaii Dept. of Business, Economic Development & Tourism, Research and Economic Analysis Division, “Filipino Population by County, Island and Census Tract in the State of Hawaii: 2010” at 5 (Feb. 2012). [http://hawaii.gov/dbedt/info/census/Census\\_2010/SF1/HSDC2010-5\\_Filipino.pdf](http://hawaii.gov/dbedt/info/census/Census_2010/SF1/HSDC2010-5_Filipino.pdf). The report states that the largest single self-identified group was full or part-Caucasians at 564,323, of whom 336,599 stated they were full Caucasian. The third largest group, which had been second, comprised 312,292 persons of full or part-Japanese ancestry, of whom 185,502 stated they were of full Japanese ancestry. The largest percentages of full and part-Filipino persons is in Kauai County (31.9% of the county total), with Maui (29%), Honolulu (24.6%) and Hawaii (22.1%) following.

<sup>25</sup> Steven A. Camarota, *Immigrants in the United States: A Profile of America’s Foreign-Born Population*, Center for Immigration Studies (Aug. 2012), at 60, 87 & Table A3. <http://www.cis.org/articles/2012/immigrants-in-the-united-states-2012.pdf>

<sup>26</sup> [http://hawaii.gov/dbedt/info/census/Census\\_2010/SF2/index.html](http://hawaii.gov/dbedt/info/census/Census_2010/SF2/index.html). (See “Selected Micronesian Race Alone Group Profiles” therein.)

<sup>27</sup> *Compacts of Free Association: Improvements Needed to Assess and Address Growing Migration* (November 2011), <http://www.gao.gov/assets/590/586236.pdf> at page 84 note b. This estimate was based on 2005-2007 ACS data with 90 percent confidence.

<sup>28</sup> Michael J. Levin, *The Status of Micronesian Migrants in the Early 21<sup>st</sup> Century* (2008), Table 6.8. [http://www.pacificweb.org/PDF/MICRO\\_MIGRANTS/03Micro\\_mig/2003%20Compact%20Impact%20Report.htm](http://www.pacificweb.org/PDF/MICRO_MIGRANTS/03Micro_mig/2003%20Compact%20Impact%20Report.htm).

<sup>29</sup> 2011 Homeless Service Utilization Report at 5, prepared by the Center on the Family at the University of Hawai‘i and the Homeless Programs Office of the Hawai‘i State Department of Human Services. The Report distinguishes between Marshallese in shelters (1,253 statewide) and other Micronesians in shelters (737 statewide). The Marshallese were 15 percent of the total of 8,299 people in shelters, and the other Micronesians were 9 percent of the total. Thus the combined COFA people, 1,990, were 24 percent of the total. The report then states, as to the

---

citizenship of the people in shelters, that 1,373 were COFA citizens. That means that 617 were Micronesians who were not COFA citizens, apparently meaning US-born children of Micronesians. (Technically, these children probably also have dual citizenship – US and the COFA country of their parents.) Thus, it appears that one-third of the Micronesians in shelters are children.

<sup>30</sup> S. Yamada & A. Pobutsky, *et al.*, “Micronesian Migrant Health Issues in Hawaii: Part 1: Background, Home Island Data, and Clinical Evidence,” in *Californian J. Health Promotion*, Vol. 7/2, 16-31 at 19 (2009) [http://www.cjhp.org/Volume7\\_2009/Issue2/yamada.pdf](http://www.cjhp.org/Volume7_2009/Issue2/yamada.pdf).

<sup>31</sup> Hawaii State Government Compact Impact Report to U.S. Department of the Interior Office of Insular Affairs, August 9, 2011, covering FY 2008- 2010, Exhibit D, Department of Health [Public Health Nursing Service], at 4. <http://www.doi.gov/archive/oia/reports/PDF/2010%20Hawaii%20Compact%20Impact%20Report.pdf>.

<sup>32</sup> <http://www.prel.org/teams/culturally-responsive.asp> (not dated; not paginated; boldface emphasis added). Hilda C. Heine, PREL Senior Scholar for Freely Associated States Education, is the former Director of the Pacific Comprehensive Regional Assistance Center at Pacific Resources for Education and Learning, as well as the former President of the College of the Marshall Islands. She is currently the Minister of Education of the Republic of the Marshall Islands. The summaries are of her responses to FAQs 4, 5, and 13.

<sup>33</sup> E. Brekke, *et al.*, “A Study of Individuals and Families in Hawai`i From the Federated States of Micronesia, the Republic of the Marshall Islands, and Other Northern Pacific Islands,” (2008 PREL Report) at 24 & Table 3. [http://www.prel.org/media/159222/05\\_mcinerny\\_vfinal\\_rev\\_05\\_2008.pdf](http://www.prel.org/media/159222/05_mcinerny_vfinal_rev_05_2008.pdf), in the 2008 annual research compendium of Pacific Resources for Education and Planning (PREL), “Research into Practice,” at pp. 19-51. <http://www.prel.org/media/159201/toc.pdf>

<sup>34</sup> Hawaii State Government Compact Impact Report to U.S. Department of the Interior Office of Insular Affairs, August 9, 2011, covering FY 2008- 2010, Exhibit H, Hawaii Criminal Justice Data Center. <http://www.doi.gov/archive/oia/reports/PDF/2010%20Hawaii%20Compact%20Impact%20Report.pdf>

<sup>35</sup> Hawaii State Government Compact Impact Report to U.S. Department of the Interior Office of Insular Affairs, August 9, 2011, covering FY 2008- 2010, Exhibit I, Hawaii Department of Public Safety. <http://www.doi.gov/archive/oia/reports/PDF/2010%20Hawaii%20Compact%20Impact%20Report.pdf>

<sup>36</sup> Department of the Attorney General, Final Report of the Compacts of Free Association Task Force, [http://hawaii.gov/ag/main/publications/reports/legislative\\_reports/2009/cofa.pdf](http://hawaii.gov/ag/main/publications/reports/legislative_reports/2009/cofa.pdf); also available at <http://archives.pireport.org/archive/2009/November/cofa.pdf>

<sup>37</sup> *Id.*, at 3 and Attachments A and B.

<sup>38</sup> *See, e.g.*, Hawaii State Government Compact Impact Report to U.S. Department of the Interior Office of Insular Affairs, August 9, 2011, covering FY 2008- 2010, cover letter at page 1. <http://www.doi.gov/archive/oia/reports/PDF/2010%20Hawaii%20Compact%20Impact%20Report.pdf>

<sup>39</sup> P.L. 108-188, §104(e), 117 STAT 2739.

<sup>40</sup> Department of the Attorney General, Final Report of the Compacts of Free Association Task Force, <http://archives.pireport.org/archive/2009/November/cofa.pdf>. at 3.

<sup>41</sup> *Id.* at 11-13.

<sup>42</sup> Dean T. Alegado, “The Filipino Community in Hawaii: Development and Change,” in 33 *Social Process in Hawaii* 12-38 at 12-13, 21-24 (1991).

---

<sup>43</sup> State of Hawaii Dept. of Business, Economic Development & Tourism, Research and Economic Analysis Division, “Filipino Population by County, Island and Census Tract in the State of Hawaii: 2010” at 5 (Feb. 2012). [http://hawaii.gov/dbedt/info/census/Census\\_2010/SF1/HSDC2010-5\\_Filipino.pdf](http://hawaii.gov/dbedt/info/census/Census_2010/SF1/HSDC2010-5_Filipino.pdf). The report states that the largest single self-identified group was full or part-Caucasians at 564,323, of whom 336,599 stated they were full Caucasian. The third largest group, which had been second, comprised 312,292 persons of full or part-Japanese ancestry, of whom 185,502 stated they were of full Japanese ancestry. The largest percentages of full and part-Filipino persons is in Kauai County (31.9% of the county total), with Maui (29%), Honolulu (24.6%) and Hawaii (22.1%) following.

<sup>44</sup> Dean T. Alegado, “The Filipino Community in Hawaii: Development and Change,” in 33 *Social Process in Hawaii* 12-38 at 12-13, 21-24 (1991).

<sup>45</sup> Communication from Mr. Arnold Villafuerte of the Bilingual Health Service in the State Department of Health.

<sup>46</sup> See, e.g., M. Yoshihama & C. Dabby, *Facts & Stats: Domestic Violence in Asian, Native Hawaiian and Pacific Islander Homes* (Sept. 2009), published by the Asian & Pacific Islander Institute on Domestic Violence at Asian & Pacific Islander American Health Forum (San Francisco) <http://www.vaw.umn.edu/documents/factsandstats/factsandstats.pdf>.

<sup>47</sup> “One dead too many,” Honolulu Advertiser, Feb. 20, 2008. <http://the.honoluluadvertiser.com/article/2008/Feb/20/il/hawaii802200302.html>

<sup>48</sup> Belinda A. Aquino, “Murder-Suicides in Paradise,” *Philippine Daily Inquirer*, July 5, 2008. <http://opinion.inquirer.net/inquireropinion/columns/view/20080705-146561/Murder-suicides-in-paradise>

<sup>49</sup> C. San Nicholas, “Maui group supports effort,” *Maui News*, June 4, 2008, <http://www.mauinews.com/page/content.detail/id/504531.html>.

<sup>50</sup> “Maui a Magnet for Hispanics,” Honolulu Advertiser, April 29, 2001. <http://the.honoluluadvertiser.com/article/2001/Apr/29/In/In02a.html>.

<sup>51</sup> <http://www.statehealthfacts.org/profileind.jsp?ind=6&cat=1&rgn=13>

<sup>52</sup> “Mexicans in Hawai‘i: Recent Flows and the Community’s problems and Prospects,” in American Sociological Association (ASA) Sex and Gender Sections [newsletter] (June 2011) 3-4 (boldface emphasis added) <http://www2.asanet.org/sectionsexgend/news/june11.pdf>

<sup>53</sup> I. Loomis, “Know Your Rights Campaign – Immigration crackdown leads to movement,” *Maui News*, March 28, 2009, <http://www.mauinews.com/page/content.detail/id/516565.html>.

<sup>54</sup> National League of Cities Center for Research and Innovation, project for Municipal Action for Immigrant Immigration: “Municipal Innovations in Immigrant Integration,” at 9-10 (September 2019), <http://www.nlc.org/Documents/Find%20City%20Solutions/Research%20Innovation/Immigrant%20Integration/Municipal-innovations-immigrant-integration-20-cities-sep10.pdf>. The report cites <http://www.ci.el-paso.tx.us/police/immigration.asp> and [http://www.ci.el-paso.tx.us/police/victim\\_services\\_assistance.asp](http://www.ci.el-paso.tx.us/police/victim_services_assistance.asp) as links for further information.

<sup>55</sup> Office of Hawaiian Affairs, *The Disparate Treatment of Native Hawaiians in the Criminal Justice System*, at 14 (2010), [http://www.oha.org/sites/default/files/ir\\_final\\_web\\_rev.pdf](http://www.oha.org/sites/default/files/ir_final_web_rev.pdf). That report cites, respectively: S. M. Kana‘iaupuni, N.J. Malone & K. Ishibashi, *Income and Poverty Among Native Hawaiians* (Honolulu, Hawaii: PASE, 2005). [http://www.ksbe.edu/spi/PDFS/Reports/Demography\\_Well-being/05\\_06\\_5.pdf](http://www.ksbe.edu/spi/PDFS/Reports/Demography_Well-being/05_06_5.pdf), and H. Messenheimer, *Good News: Native Hawaiians Prosper* (Honolulu, HI: Grassroot Institute of Hawai‘i, 2008). [www.Grassrootinstitute.org/system/old/Publications/GRIH\\_Study\\_1007.pdf](http://www.Grassrootinstitute.org/system/old/Publications/GRIH_Study_1007.pdf)

---

<sup>56</sup> Office of Hawaiian Affairs, *The Disparate Treatment of Native Hawaiians in the Criminal Justice System*, at 14 (2010), [http://www.oha.org/sites/default/files/ir\\_final\\_web\\_rev.pdf](http://www.oha.org/sites/default/files/ir_final_web_rev.pdf) (boldfacing in original).

<sup>57</sup> Hawaii Revised Statutes §371K-1.

<sup>58</sup> The Federal Poverty Guidelines are a simplified version of the Federal Poverty Levels (Thresholds). The FPLs (thresholds) are determined by the Census Bureau. The FPGLs are determined by the U.S. Department of Health and Human Services (HHS) for administration of federal anti-poverty programs. For more details on these distinctions, *see generally* Frequently Asked Questions Related to the Poverty Guidelines and Poverty, at <http://aspe.hhs.gov/poverty/faq.shtml#differences>

<sup>59</sup> HACBED, “Asset-Building Policy for Hawaii” (December 2006) <http://www.aecf.org/~media/Pubs/Topics/Economic%20Security/Other/AssetBuildingPolicyforHawaii/FES3622H1410.pdf>

<sup>60</sup> The EITC is recognized nationwide as one of the most effective government programs to incentivize work and increase household income. And EITC funds have a valuable economic-stimulus multiplier effect: As one report states “A study in San Antonio estimated \$1.59 of economic activity for every \$1 of EITC claimed.” Locally, a state refundable EITCs does not exist. OCS plans to provide support to the Volunteers in Tax Assistance (VITA) and outreach through its current service provider network, and in all of our program areas as a component of Asset Development and Financial Literacy strategies. OCS has also reached out to VITA providers to identify appropriate additional means of support.

<sup>61</sup> OCS was created in 1985 as a consolidation of several existing State programs, including the “State immigrant services center.” HRS §371K-2(b)(4). Thus we propose that our future service include resurrection of one of our most valuable predecessors of more than 25 years ago.

We note, further, that immigrant resource centers are being established as vital components of immigrant integration in many cities on the mainland. For example, the Arab Community Center for Economic and Social Success (ACCESS) in Dearborn, Michigan, offers Arab immigrants “a comprehensive array of wraparound services ranging from job training and medical assistance to after-school education”; the Building Schools Partnership in the San Francisco Bay Area is a partnership of business and labor interests offering low-wage workers tutoring and other opportunities for educational and career advancement. Both of these organizations are recent winners of the Migration Policy Institute’s *E Pluribus Unum* prizes for exceptional immigrant integration initiatives. See <http://lawprofessors.typepad.com/immigration/2012/09/2012-e-pluribus-unum-prizes.html>. We will aim to make our Immigrant Resource Centers as successful as these.

<sup>62</sup> HRS §371K-4(6).

<sup>63</sup> These RFIs are available online through the State Procurement Office in the Department of Administration and General Services (DAGS). They are [http://spo3.hawaii.gov/notices/notices/rfi-lbr903-01\\_13](http://spo3.hawaii.gov/notices/notices/rfi-lbr903-01_13); <http://spo3.hawaii.gov/notices/notices/lbr903-02-imm>; and <http://spo3.hawaii.gov/notices/notices/lbr903-ab>.