

Hawaii Human Progress and Human Services 2035 Vignettes

The Year is 2030

The fictional clients:

Ruth- age 50 (born 1980)

Ashley - age 33 (born 1997)

Kayla - age 16 (born 2014)

SCENARIO 1: SLOW UNRAVELING

The buzzing of the motor leads Ruth to the door. She looks out to a small metal drone. The buzzing reminds her, in a way, of the sounds of myna birds when she was a child. The drone has delivered her diabetes medicine. She was alerted to the arrival of the medicine delivery by her automated health advising tool. The prescription is covered by Medicaid. Ruth's daughter, Ashley, calls to her from the kitchen, where she has been preparing a healthy meal which includes some vegetables from the local community garden greenhouse. None of three generations of women living in the home were able to work in the garden this Spring, so they purchased the vegetables at discounted price using their SNAP dollars. Because of her diabetes and being overweight, Ruth has been advised to eat healthier. This proves difficult with the family's low income. Ruth's health condition further limited her work opportunities. However, Ruth received job preparedness through TANF related training and internships that led her to several jobs in the last few years.

Ashley and her teenage daughter Kayla recently moved in with Ruth to her one-bedroom Section 8 housing unit. Most units in their building contain multigenerational residents, mostly composed of family members. Ashley became pregnant at 17, and Ruth watched the baby so Ashley could graduate from High School. Ashley didn't go to college but was able to get a teaching assistant job in the early 2020s. Those jobs were expected to be automated by the mid 2020s; but for Ashley's good fortune that happened in 2028, four years after the minimum wage reached \$15 an hour. Although not a living wage, the income had allowed Ashley to provide for her daughter for several years, supplemented with some cash and child care benefits through SNAP and TANF. Kayla's father did little parenting and didn't provide child support. The Child Support Enforcement Agency kept after Kayla's father for child support, during the 2020s, but he was unemployed most of the time.

Later that April day, Ruth, Ashley and Kayla have a family meeting with their human service case manager through their smart phone virtual reality viewer. Ruth requested the virtual meeting be instead with a human case worker, but Ashley (raised as a digital native) was comfortable with the intelligent agent and reassured her mother. For several years, DHS has maintained comprehensive case

management plans, delivered with humans and technology tools matrix to assess each individual family's needs.

At the meeting, Ashley will plan for employment search and job training. Ruth wants to discuss possibilities of moving into a two-bedroom unit, but she feels a bit nervous as she knows that housing is in very high demand and her current one-bedroom unit is nicer than most. This is Kayla's first time joining the family meeting with the human service provider. Her mother convinced her to attend because Kayla has been struggling with some behavioral health issues - she feels angry towards her mother, grandmother, and teachers and has been the victim of cyber bullying. Despite the cyber bullying, she seems to be retreating more and more into virtual and online engagement and further away from her family.

And, she can't even begin to explain the uncomfortableness she feels with her mother's boyfriend. Lately, this has been compounding and impacting her school work. If her grades get too low, she can't play basketball, which she loves. She is hopeful about the human service meeting, but a bit nervous. She knows something is not right and would like to feel "normal."

SCENARIO 2: UNCOMFORTABLE TRUTH

Ruth awakes early, unable to sleep due to the uncomfortable heat. Despite it being only April, the temperatures are very high, and her chronic diabetes makes her more sensitive to the heat. She shuffles to the kitchen area of her daughter's one-bedroom public housing unit, which currently houses 3 people- Ruth, her 33-year-old daughter Ashley, and her 16-year-old granddaughter Kayla.

Ruth grew up in a household of four. Her parents worked two jobs each to make ends meet. Her father was an alcoholic and frequently turned violent when he was drunk. Growing up, Ruth often feared for her life as well as her mother's. She felt responsible for protecting her younger brother and to take care of her mother. When Ruth was 16, her uncle moved in with the family because he lost his home due to his drug addiction and debt. Soon, after he was acting sexually inappropriate with young Ruth. He had no income when he moved in but needed money to buy illegal drugs, so he became desperate and often exploited his family for money. One day he took Ruth to a strip club to work as a stripper. He assured her it was "just one time" to help him out with earning money. But it wasn't just once. And the situation escalated for Ruth- she was trafficked into prostitution work. Six months after her uncle moved in, Ruth had had enough. She ran away to be free from her uncle and her family. Shortly after, Ruth found out she was pregnant with Ashley. She had no one to turn to and felt all alone and helpless. Ruth did not know who the father of the baby was, given the unsafe conditions into which she was trafficked, and she also had a boyfriend. Ruth struggled over the years raising Ashley, working various low-paying jobs such as waiting tables and housekeeping. Ruth and Ashley lived with extended family and friends through Ashley's childhood and into her early teens.

Ruth was diagnosed with diabetes at the age of 25 and had now been living with the disease for 25 years. Her symptoms began with swollen hands and feet, nausea, and shortness of breath. Now that she is older, dealing with the disease has become much more difficult. She was in a car accident which made it more difficult to get around. In late 2020s, Ruth began to lose vision due to her diabetes. She sought help with health care and nutritional assistance in 2010s and 2020s.

Despite the challenges of Ruth's economic instability and health issues, Ashley attended high school through her sophomore year. She was straight A student and enjoyed going to school. As a teenager, Ashley had a boyfriend who often became jealous and abusive when he thought she was flirting with other guys at school. In 2013, Ashley became pregnant and dropped out of high school. She gave birth to a healthy baby girl named Kayla in 2014. Kayla's father broke it off with Ashley when Kayla was two and moved to the mainland. Just like her mother, Ashley was raising a child on her own, struggling in and out of employment and earning too little when she was employed. She thought about completing her GED but never followed through or knew where to go to get the help she needed. She often relied on the TANF benefits she could receive in the 2010s and 2020s. But then, the program was cut. Several times, Ashley and Kayla stayed in shelters where there was a 60-day limit. Other times, they had to live on dangerous streets and motels. When they were lucky, Ashley's old friends let them stay for a night or two.

In the mid 2020s, when Ruth qualified for public housing and finally got a one-bedroom unit, she moved in right away with her daughter and granddaughter. This was particularly important as the Great Aleutian Tsunami had impacted or destroyed many homes and roads. Ruth and Ashley were grateful for the housing unit, as many of their friends and community members were not so lucky. Ruth and Ashley both participate in community nutritional programs and other supports, which helped their social and physical health. The Tsunami increased a sense of isolation for many.

Today, Ashley continues to struggle with employment as she works two low wage jobs and missed two car payments. Those missed payment led to higher interest rates and a lowered credit score. If she cannot pay, she will lose the only mode of transportation to get to her odd-hour job, which will jeopardize her employment. Public transportation isn't always a reliable option.

Kayla turned 16 in the spring of 2030, and has been having trouble at school recently. She was advised to see a behavioral health specialist by the school counselor after being called in for truancy and fighting, but the meeting has been rescheduled three times due to Ruth's health issues and Ashley's work schedule. And the school counselor was overwhelmed. In elementary school, the after-school program was cut, which left Kayla unattended after school and at risk of falling into trouble. In fact, some neighbors reported suspected neglect of Kayla by Ashley several times when Kayla was in second and third grades. Although Ruth wasn't working, and could look after her, Kayla often did not come home after school and chose instead to be with her friends. Now, Kayla has a new boyfriend who is involved in gang activities. Kayla has struggled with the absence of her father, who she hasn't seen since he left them. Her father and mother ended their relationship when she was a small child, after the father became addicted to methamphetamine and physically abusive. They think now he is incarcerated, but don't know for certain. Ruth knows about some school-based pregnancy prevention programs

provided by Dept. of Health, and she hopes Kayla will participate; she worries Kayla will not graduate high school, despite being very bright.

In 2030, Ruth is now blind. In the kitchen, her AI personal assistant smart tool (the successor to a smart phone, with greater capabilities) reads today's newspaper for her. As she was going blind, she learned to get around with use of a cane. She will soon start learning how to use the braille. Even though the technology advanced tremendously, vision assistance (artificial eyes that provide sight through technology wired to the brain) has not progressed as much. Ruth's AI assistant is paid for by Medicaid, but the artificial eyes are not yet covered, and Ruth can't afford the costly treatment. Given her conditions Medicaid provides for a doctor (or other clinician) visit to her home once every two months. However, her medical needs are severe enough to require doctor visits more than once a month. Ruth needs to go to the doctor's office for these but can't always make her appointments due to transportation barriers.

Some of the human service work is automated, but Ruth is more comfortable when she can meet directly with someone about the limited benefits she does receive. Most of the people in the neighborhood are unemployed or in vulnerable work positions, and instability is common. Ruth wants Ashley or Kayla to accompany her to the appointment, as family services are integrated and their needs are addressed as a family and not individually. But family tensions have been high lately, so she prepares to go alone.

SCENARIO 3: ALOHA INTELLIGENCE

Ruth is smiling as she leaves her exercise class and heads towards the main area of the library, where she is meeting up with her granddaughter Kayla who is there studying for her college entrance exams. The Library is an important place in their lives and for their community. Ruth first became involved around 6 years ago, when she attended a free financial literacy course provided by the state at the library to help her understand how to manage her Guaranteed Basic Income. Ruth thinks back to when that major policy shift occurred, remembering the apprehension around the program and the power of the national equity movement that led its passage. Now, she can't imagine her family's life without it.

The basic income helped her daughter Ashley rebound after being laid off. Their adult basic income payments, along with the child payment that Ashley receives for Kayla, allowed Ashley and Ruth together to afford their own apartment, outside of public housing. Ruth never finished high school when Ashley was born. She had difficulty getting stable work, sometimes facing employment discrimination. Their new apartment is near the community garden where they produce some of their food. The arrival of 3D printing for many of the things they need – with the printers at the same library as her classes - made living more affordable.

In addition to financial literacy, Ruth and her daughter Ashley have engaged in sessions to enhance their “wellbeing literacy”, which focused on all realms of personal well-being (socio-emotional, spiritual,

physical, intellectual, social/familial, cultural, and personal identity). This has greatly helped the family to thrive.

Ruth also reflected on the simplification of services. In the years prior, her daughter Ashley, had received day care support for granddaughter Kayla before Pre-K. Ashley qualified for a Section 8 housing unit, and Ruth was able to move in. While Ashley did become pregnant in high school, the rates of teenage and unplanned pregnancy decreased after the implementation of basic income. And Ashley had the extra supports needed to finish high school after the birth of her daughter. While she completed job training, she twice lost her job to automation in the early and mid-2020s. Before the Guaranteed Basic Income, TANF and SNAP payments helped Ashley provide for herself and her daughter. Periodically, Ashley did not have Section 8 housing; so, the three of them had periods of living with friends or experiencing homelessness. The Guaranteed Basic Income greatly helped to stabilize their lives, even though TANF, SNAP and other payments were displaced by the Basic Income. This stability gave Kayla more confidence about her future- enough to finish school and avoid getting pregnant until she would be ready.

The family was engaged by their human service caseworker in the “Ohana Nui” approach, which engaged all generations in identifying their personal needs and pathways towards thriving. Their caseworker is supported by technology, which allows more time to connect with families and individuals. Ruth, in particular, felt close to their caseworker who seemed to really understand her family’s cultural identity and practices.

Ruth’s exercise classes at the library, which she attends three times per week, have helped her lose weight and slow or reverse the impacts of her diabetes. Her Medicaid funded health care provider gave her a set of biomonitoring equipment and digital health coaching tools that tell her that she is making great progress. Her last telehealth visits with her favorite human provider reinforced the automated care.

In the main area of the library, she hears a variety of languages. She reads electronic and holographic ‘flyers’ advertising programs on aeroponic in-home food production, promotion for the library’s 3D printer, and cooperative day care. These programs help strengthen the community and enhance historic networks of support. Ruth feels proud to live in her community with such a diverse group of friends and neighbors. She remembers the hardships of her earlier life, and beams with pride when she sees her granddaughter with her exam prep materials. Kayla will be the first in the family to attend college.

SCENARIO 4: SHARED ABUNDANCE

“Reminder: 6:00 p.m. family dinner at Ashley’s home. The self-driving neighborhood shuttle will be here at 5:45 to transport you. Remember to take your diabetes medicine before leaving” says Ruth’s digital planner. Ruth is excited to be meeting with her family, as they are celebrating her granddaughter Kayla’s academic achievement award and her daughter Ashley’s wedding anniversary. Ruth became pregnant as a teenager, giving birth to Ashley. The pattern repeated as Ashley, gave birth at 17 to granddaughter Kayla in 2014. Kayla’s biological father disappeared soon after, but Ashley later entered a healthy relationship and got married in 2025- five years ago, today.

The years between 2017 to 2021 was a particularly challenging time for the family. As a mother to a young girl, Ashley was able to get her GED and start working in the hospitality industry. Despite Hawaii’s efforts to resist widespread automation, Ashley’s job was automated away in the 2020s. She went on unemployment and received TANF payments, which helped her get back on her feet as she received training for a better paying job.

Through the local community college, Ashley took courses and landed an internship in the sustainable energy field. This led to employment with a good income. When she married her husband in 2025, they could afford their own small home. Her husband earns a supportive income as a farmer on reclaimed land. He uses historical practices to grow produce both for food and for medicinal healing. He feels empowered to share this knowledge which had been passed down through his family. Ashley and her husband are able to save money for the future. In 2030, there is universal access to health care, which provides culturally sensitive primary and behavioral health services.

Kayla was diagnosed with developmental delay as a toddler and went through some troubled years as an early teenager. She was skipping school, struggling with behavioral health problems, and her grades were dropping. She was fighting often with her mother, angry about what felt like a lack of stability in their lives. In addition, Kayla was resentful of her absent biological father. She was on a pathway to not graduate high school face major barriers to self-sufficiency and thriving. These ‘risk factors’ were identified through a data sharing program which spanned across human service agencies and programs. Her family opted to enroll in the data program, when they enrolled for SNAP and TANF benefits. These data points were securely linked with school, and other human services and programs.

A human service worker partnered with Kayla and Ashley to develop an action plan. Kayla attended behavioral health counseling and made great progress with her counselor. While she no longer attends in-person sessions quite as regularly, she continues therapy using VR and smart phone apps, while periodically checking in with her counselor. Now, she is showing improvement at school and already developing a post-graduation career plan. She is considering become a an early education teacher.

The human services which benefit and empower the family address social determinants of health such as: housing and shelter, food and nutrition, health and wellness, education and economic support, and social capital. Services - from teachers, police officers and other human service providers- are trauma

and healing responsive. This has had meaningful impacts on the lives of many – including Ruth, Ashley and Kayla.

After overcoming poverty and other adversities while raising a daughter as a single mom, Ruth now feels more connected to her community than ever. She recently moved into a supported group home for residents who are 50 or older. It is through this home that she accesses the shuttle service, which is now approaching. At the end of the trip the self-driving car drops Ruth at Ashley's home. As she walks inside, she is greeted by the sound of laughter and smell of good food made fresh with ingredients from the farm and the local sharing economy. As they sit down to eat, Ruth reflects on how proud she is of her family and their journey.