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## HEALTH

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	5,277.17	4,859.77	- 417.40	8	5,267.67	4,928.77	- 338.90	6	5,267.67	5,314.27	+ 46.60	1
EXPENDITURES (\$1000's)	1,470,341	1,422,690	- 47,651	3	387,508	325,063	- 62,445	16	1,025,990	1,105,800	+ 79,810	8
TOTAL COSTS												
POSITIONS	5,277.17	4,859.77	- 417.40	8	5,267.67	4,928.77	- 338.90	6	5,267.67	5,314.27	+ 46.60	1
EXPENDITURES (\$1000's)	1,470,341	1,422,690	- 47,651	3	387,508	325,063	- 62,445	16	1,025,990	1,105,800	+ 79,810	8
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. MORTALITY RATE (PER THOUSAND)	8	8	+ 0	0	8	8	+ 0	0				
2. AVERAGE LIFE SPAN OF RESIDENTS	82.4	82	- 0.4	0	82.4	82	- 0.4	0				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

**PROGRAM TITLE: HEALTH**

**05**

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## **PART I - EXPENDITURES AND POSITIONS**

Specific variances are discussed in detail in the lowest level program narratives.

## **PART II - MEASURES OF EFFECTIVENESS**

No significant variance.

## VARIANCE REPORT

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	605.37	507.37	- 98.00	16	607.87	505.87	- 102.00	17	607.87	574.87	- 33.00	5
EXPENDITURES (\$1000's)	307,923	333,161	+ 25,238	8	85,262	56,298	- 28,964	34	163,861	294,036	+ 130,175	79
TOTAL COSTS												
POSITIONS	605.37	507.37	- 98.00	16	607.87	505.87	- 102.00	17	607.87	574.87	- 33.00	5
EXPENDITURES (\$1000's)	307,923	333,161	+ 25,238	8	85,262	56,298	- 28,964	34	163,861	294,036	+ 130,175	79
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. ACTIVE TB CASES - PROPORNTN COMPL RECOM THERAPY (%)	97	55	- 42	43	97	85	- 12	12				
2. % OF REPTD VACCINE PREVENTBLE DISEASES INVESTIGATD	100	100	+ 0	0	100	100	+ 0	0				
3. % OF INDIVIDUALS WITH DEV DISAB RECEIVING SERVICES	13	11	- 2	15	13	11	- 2	15				
4. % OF PERSONS IN INSTITUTIONS RECVNG DENTAL SVCS	100	95	- 5	5	100	95	- 5	5				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

**PROGRAM TITLE: HEALTH RESOURCES**

**05 01**

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## **PART I - EXPENDITURES AND POSITIONS**

Specific variances are discussed in detail in the lowest level program narratives.

## **PART II - MEASURES OF EFFECTIVENESS**

Item 1. The variance is primarily due to a higher percentage of tuberculosis patients requiring prolonged treatment and to individuals who died prior to treatment initiation due to a late diagnosis. These were often related to medical access during the pandemic.

Item 3. The variance for FY 21 is due to more participants being qualified for the Medicaid 1915(c) Home and Community-Based Services Waiver and able to access services to support a full life in the community instead of relying on 100% State-funded services. The trend is expected to continue through FY 22.

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	282.87	244.87	- 38.00	13	282.87	239.87	- 43.00	15	282.87	280.87	- 2.00	1
<b>EXPENDITURES (\$1000's)</b>	51,637	70,610	+ 18,973	37	17,377	29,601	+ 12,224	70	36,685	71,464	+ 34,779	95
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	282.87	244.87	- 38.00	13	282.87	239.87	- 43.00	15	282.87	280.87	- 2.00	1
<b>EXPENDITURES (\$1000's)</b>	51,637	70,610	+ 18,973	37	17,377	29,601	+ 12,224	70	36,685	71,464	+ 34,779	95
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS	7.2	6.5	- 0.7	10	7.3	6.8	- 0.5	7				
2. ACTIVE TB CASES - PROPORTN COMPL RECOM THERAPY (%)	97	55	- 42	43	97	85	- 12	12				
3. HANSEN'S DIS NEW CASE RATE PER 100,000 RES 5 YRS+	1	.55	- 0.45	45	1	1	+ 0	0				
4. % OF REPTD VACCINE PREVENTBLE DISEASES INVESTIGATD	100	100	+ 0	0	100	100	+ 0	0				
5. NO. OF NEW HIV CASES (PER 100,000) PER YEAR	3.3	3.7	+ 0.4	12	3.3	4	+ 0.7	21				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

**PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING**

**05 01 01**

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## **PART I - EXPENDITURES AND POSITIONS**

Specific variances are discussed in detail in the lowest level program narratives.

## **PART II - MEASURES OF EFFECTIVENESS**

Item 1. The variance is due to restricted immigration attributed to the COVID-19 pandemic and presidential immigration policy.

Item 2. The variance is primarily due to a higher percentage of tuberculosis patients requiring prolonged treatment and to individuals who died prior to treatment initiation due to a late diagnosis. These were often related to medical access during the pandemic.

Item 3. The variance in FY 21 is mostly due to reduced active community outreach for Hansen's disease screening due to the COVID-19 pandemic. Hansen's Disease Community Program Public Health Nurses supported COVID-19 pandemic activities.

Item 5. The variance is related to delayed reporting at the end of the previous year due to the COVID-19 pandemic.

PROGRAM TITLE:

COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

11/29/21

PROGRAM-ID:

HTH-100

PROGRAM STRUCTURE NO:

05010101

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	236.87	208.87	- 28.00	12	236.87	203.87	- 33.00	14	236.87	234.87	- 2.00	1
<b>EXPENDITURES (\$1000's)</b>	41,206	37,701	- 3,505	9	14,739	8,255	- 6,484	44	28,772	28,772	+ 0	0
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	236.87	208.87	- 28.00	12	236.87	203.87	- 33.00	14	236.87	234.87	- 2.00	1
<b>EXPENDITURES (\$1000's)</b>	41,206	37,701	- 3,505	9	14,739	8,255	- 6,484	44	28,772	28,772	+ 0	0

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS	7.2	6.5	- 0.7	10	7.3	6.8	- 0.5	7
2. % ACTIVE TB CASES COMPLETING RECOMMENDED THERAPY	97	55	- 42	43	97	85	- 12	12
3. % NON-ACTIVE TB CASES COMPLETG RECOMMENDED THERAPY	85	80	- 5	6	86	83	- 3	3
4. CHLAMYDIA CASE RATE WOMEN AGE 18-25 PER 100,000	4800	4422	- 378	8	4800	4500	- 300	6
5. NEWLY REPORTED HIV CASES PER 100,000	3.3	3.7	+ 0.4	12	3.3	4	+ 0.7	21
6. NEWLY DIAGNOSED HANSEN'S DISEASE CASES PER 100,000	1	.55	- 0.45	45	1	1	+ 0	0
7. % OUTPATIENTS W/NEW COMPLICATIONS FR HANSEN'S DIS	.4	0	- 0.4	100	.4	.4	+ 0	0
8. ANNL KALAUPAPA REGISTRY PATIENT CARE/RESIDENT DAYS	2500	2438	- 62	2	2200	2200	+ 0	0
9. % COMPLETED NURSING CONSULTATIONS FOR DOE STUDENTS	100	100	+ 0	0	100	100	+ 0	0
10. % PHN ENROLLD ELDERS >60YR W/O FALL RE HOSPITALZNS	95	100	+ 5	5	95	100	+ 5	5

<b>PART III: PROGRAM TARGET GROUP</b>								
1. RESIDENT POPULATION, STATE OF HAWAII (IN THOUS)	1400	1455	+ 55	4	1400	1500	+ 100	7
2. CONTACTS OF INFECTIOUS TB CASES	900	286	- 614	68	900	500	- 400	44
3. CLASS B IMMIGRANTS	95	22	- 73	77	150	50	- 100	67
4. WOMEN 18-25 YEARS OF AGE	65000	58917	- 6083	9	65000	60000	- 5000	8
5. CONTACTS OF HIV CASES FR DOH HIV COUNSEL/TESTG SVC	25	25	+ 0	0	25	25	+ 0	0
6. PATIENTS ON THE KALAUPAPA REGISTRY	12	11	- 1	8	11	9	- 2	18
7. CONTACTS OF HANSEN'S DISEASE CASES	1190	1135	- 55	5	1190	1190	+ 0	0
8. OUTPATIENTS W/HANSEN'S DISEASE-RELATED DISABILITIE	115	109	- 6	5	115	115	+ 0	0
9. CHILDREN IN DOE SCHOOLS	179000	179331	+ 331	0	179000	180000	+ 1000	1
10. POPULATION > 60 YEARS OLD	400000	364081	- 35919	9	450000	360000	- 90000	20

<b>PART IV: PROGRAM ACTIVITY</b>								
1. # INDIVIDUALS RECEIVG COUNSELG/EVALUATION/SCREENG	73339	82673	+ 9334	13	74871	81480	+ 6609	9
2. # INDV RCVG EVAL FOR SUSPECTD EXPOSURE TO COMM DIS	7250	5741	- 1509	21	7130	6255	- 875	12
3. # INDIVIDUALS RECEIVG TREATMENT FOR COMM DISEASES	2481	1971	- 510	21	2583	2070	- 513	20
4. # OUTPATIENT VISITS/EVAL BY PHYS/NURSES/SW/PARAMED	109787	152734	+ 42947	39	112687	148085	+ 35398	31
5. # LABORATORY TESTS OBTAINED AND REVIEWED	23935	26074	+ 2139	9	26835	27710	+ 875	3
6. # WOMEN 18-25 YEARS OLD SCREENED FOR CHLAMYDIA	4500	4305	- 195	4	4500	4500	+ 0	0
7. # PATIENTS PROVIDED HIV-RELATD DRUG TREATMT ASSIST	450	435	- 15	3	450	450	+ 0	0
8. # STERILE SYRINGES EXCHANGED	1400000	1274539	- 125461	9	1400000	1400000	+ 0	0
9. # PHN CONTACTS COMPLETG CONSULTS FOR DOE STUDENTS	14000	7127	- 6873	49	14000	15000	+ 1000	7
10. # OF PHN CONTACTS FOR PHN-ENROLLED ELDERS > 60 Y/O	6000	2274	- 3726	62	6000	5000	- 1000	17

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 01 01  
HTH 100

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**PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING**

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**PART I - EXPENDITURES AND POSITIONS**

In FY 21: The position variance is almost entirely due to a freeze in recruitments and budget restrictions. The expenditure variance is primarily due to federal grants budgeted to begin new project periods.

In FY 22: For the first three months of FY 22, the position variance is primarily due to the position freeze from FY 21 and budget restrictions. The expenditure variance is due to a delay in execution and encumbrance of several contracts.

**PART II - MEASURES OF EFFECTIVENESS**

Item 1. The variance is due to restricted immigration attributed to the COVID-19 pandemic and presidential immigration policy.

Item 2. The variance is primarily due to a higher percentage of tuberculosis (TB) patients requiring prolonged treatment and to individuals who died prior to treatment initiation due to a late diagnosis. These were often related to medical access during the pandemic.

Item 5. The variance is related to delayed reporting at the end of the previous year due to the COVID-19 pandemic.

Item 6. The variance in FY 21 is mostly due to reduced active community outreach for Hansen's disease (HD) screening due to the COVID-19 pandemic. Hansen's Disease Community Program (HDCCP) Public Health Nurses supported COVID-19 pandemic activities.

Item 7. The variance in FY 21 is due to a reduction in new cases as well as strong proactive nursing care management within HDCCP. Although active surveillance activities for HD during the pandemic were reduced (Item 6 above), HDCCP Public Health Nurses continued providing health care support for patients in the registry both in person and through telehealth.

**PART III - PROGRAM TARGET GROUPS**

Item 2. The variance is attributable to both fewer active TB cases due to immigration restrictions and fewer contacts of active TB cases caused by the pandemic restriction of activities, wearing of masks, and social distancing.

Item 3. The variance is due to restricted immigration as a result of pandemic travel policies and the presidential immigration policy.

Item 6. The variance in FY 22 is due to three Kalaupapa patients passing. This was not related to the COVID-19 pandemic.

Item 10. The variance in FY 22 is due to a decrease, rather than an anticipated increase, in the elderly population in Hawaii.

**PART IV - PROGRAM ACTIVITIES**

Item 1. The variance in FY 21 is primarily due to increased activities by Public Health Nurses in response to the COVID-19 pandemic.

Item 2. The variance is mostly due to decreased TB screenings during the pandemic, resulting in fewer evaluations for active TB.

Item 3. The variance is primarily due to a change in activities by Public Health Nurses focused on education and prevention of COVID-19 rather than disease treatment.

Item 4. The variance is primarily due to increased activity by Public Health Nurses in response to the COVID-19 pandemic.

Item 9. The variance in FY 21 is due to the closure of schools during the COVID-19 pandemic.

Item 10. The variance is due to reduced elder visits by Public Health Nurses who shifted priorities to support COVID-19 pandemic activities.

PROGRAM TITLE: DISEASE OUTBREAK CONTROL

11/29/21

PROGRAM-ID: HTH-131

PROGRAM STRUCTURE NO: 05010102

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	46.00	36.00	- 10.00	22	46.00	36.00	- 10.00	22	46.00	46.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	10,431	32,909	+ 22,478	215	2,638	21,346	+ 18,708	709	7,913	42,692	+ 34,779	440
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	46.00	36.00	- 10.00	22	46.00	36.00	- 10.00	22	46.00	46.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	10,431	32,909	+ 22,478	215	2,638	21,346	+ 18,708	709	7,913	42,692	+ 34,779	440

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % E.COLI, HAV, ETC. INVESTIGATED 24HRS AFTR RPT	100	100	+ 0	0	100	100	+ 0	0
2. % RPTD FOODBORNE DIS. OUTBREAK W/ ETIOLOGY ID	100	100	+ 0	0	100	100	+ 0	0
3. % CHILDREN AGE 5 YEARS MEETING IMMUNIZATION REQ	95	91	- 4	4	95	95	+ 0	0
4. % ADOLESCENTS MEETING IMMUNIZATION REQUIREMENTS	0	NO DATA	+ 0	0	77	77	+ 0	0
5. % HBV CARRIERS' INFANTS WHO START HBV VAX SERIES	95	100	+ 5	5	95	95	+ 0	0

<b>PART III: PROGRAM TARGET GROUP</b>								
1. # HAWAII RESIDENTS (1000'S)	1431	1407	- 24	2	1431	1431	+ 0	0
2. # VISITORS TO HAWAII (1000'S)	0	2311	+ 2311	0	9661	9661	+ 0	0
3. # CHILDREN AGE FIVE YEARS (1000'S)	17	17	+ 0	0	17	17	+ 0	0
4. # OF ADOLESCENTS (1000'S)	0	152	+ 152	0	144	144	+ 0	0
5. # OF BIRTHS EXCLUDING MILITARY (100'S)	150	143	- 7	5	150	150	+ 0	0
6. # CHILDREN BORN TO HEP B SURF ANTGN+ WOMEN (100'S)	1.5	1.5	+ 0	0	1.5	1.5	+ 0	0

<b>PART IV: PROGRAM ACTIVITY</b>								
1. # HI RESIDENTS ENTERD, MAINTAIND IN IMMUN REGISTRY	1043572	1182207	+ 138635	13	1043572	1043572	+ 0	0
2. # SCH CHILDN SURVEYED FOR IMMUN COVERAGE (1000'S)	17	13	- 4	24	17	17	+ 0	0
3. # PERINATAL HEPATITIS B INFECTED INFANTS	0	0	+ 0	0	0	0	+ 0	0
4. # INFECTIOUS DISEASE CASES INVESTIGATED	5000	61386	+ 56386	1128	5000	5000	+ 0	0
5. # INFECTIOUS DISEASE OUTBREAKS IDENTIFIED	15	475	+ 460	3067	15	15	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 01 02  
HTH 131

## **PROGRAM TITLE: DISEASE OUTBREAK CONTROL**

### **PART I - EXPENDITURES AND POSITIONS**

Programs continue to experience challenges in recruiting, hiring, and retaining qualified individuals given noncompetitive civil service salaries. During the pandemic, contracted positions have sometimes filled more quickly than permanent State positions, leaving us with vacancies in permanent positions despite growing personnel expenditures. Additionally, recruitment for some positions that require redescription has been held up due to delays in completing needed reorganization during pandemic response.

Variances in expenditures are primarily attributed to additional COVID-19 federal funding.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 4. COVID-19 impacts on school attendance have hampered our ability to collect data for this measure in the short-term. We plan to collect data on adolescent immunization rates from schools once they begin to open to in-person learning and would be able to provide the data. In the meantime, we will explore proxy measures such as numbers of vaccines ordered by providers. These data will be important in the next couple of years to evaluate how well the new vaccine requirement has been implemented.

### **PART III - PROGRAM TARGET GROUPS**

Item 2. The number of visitors to Hawaii had increased 10% above the prior three-year average in FY 19 but has dropped by 24% in 2020. This change is due to restrictions on travel implemented as part of the response to COVID-19. This has impacted our program in numerous ways, including the need to investigate COVID-19 cases and identify and report out on those potentially related to travel in order to inform policy. This is particularly important because of the critical role tourism plays in Hawaii's economy and economic recovery.

Item 4. We are now reporting the number of adolescents (ages 10-18) in Hawaii as a target population that should benefit from recent administrative rule changes. The rule changes were proposed and promoted by our program to increase vaccination coverage rates among an age group that has historically seen gaps in coverage for vaccines recommended by the Advisory Committee on Immunization Practices.

### **PART IV - PROGRAM ACTIVITIES**

Item 1. The registry is an ongoing repository of data that will continue to increase, although the increase year-to-year is difficult to predict.

Item 2. COVID-19 impacts on school attendance have created problems with data collection and also showed reduced numbers of students attending in-person learning at schools. Hopefully rates collected from schools will improve when more in-person learning at schools are fully operational.

Item 4. The substantial increase in the number of infectious diseases reported and investigated reflects the number of COVID-19 case (deduplicated) reports received via electronic laboratory reporting and physician reports (57,878). The division's investigations and contact tracing capabilities were augmented using trained investigation teams due to COVID-19 funding. Non-COVID-19 infectious diseases reported and investigated (3,508) were slightly lower than anticipated, likely due to changes in behaviors and business practices related to COVID-19 mitigation measures.

Item 5. An increase in the number of infectious disease outbreaks identified largely reflects the capacity surge staffing provided to detect and respond to COVID-19 outbreaks. During 2021, 446 outbreaks related to COVID-19 were identified. These data reflect the substantial increase in the number of outbreaks investigated related to COVID-19.

PROGRAM TITLE: EMERGENCY MEDICAL SVCS & INJURY PREV SYS

11/29/21

PROGRAM-ID: HTH-730

PROGRAM STRUCTURE NO: 050103

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
<b>OPERATING COSTS</b>												
POSITIONS	10.00	7.00	- 3.00	30	10.00	7.00	- 3.00	30	10.00	10.00	+ 0.00	0
EXPENDITURES (\$1000's)	91,549	106,659	+ 15,110	17	3,198	2,606	- 592	19	23,913	108,762	+ 84,849	355
<b>TOTAL COSTS</b>												
POSITIONS	10.00	7.00	- 3.00	30	10.00	7.00	- 3.00	30	10.00	10.00	+ 0.00	0
EXPENDITURES (\$1000's)	91,549	106,659	+ 15,110	17	3,198	2,606	- 592	19	23,913	108,762	+ 84,849	355

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % RESPONSES MEETING RESPONSE TIME STD - OAHU	85	84	- 1	1	90	85	- 5	6
2. % RESPONSES MEETING RESPONSE TIME STD - KAUAI	95	96	+ 1	1	90	96	+ 6	7
3. % RESPONSES MEETING RESPONSE TIME STD - HAWAII	91	91	+ 0	0	90	91	+ 1	1
4. % RESPONSES MEETING RESPONSE TIME STD - MAUI	92	91	- 1	1	90	91	+ 1	1
5. % INCR IN COMM COAL/PARTN INITIATD & SPPT INJ PREV	0	0	+ 0	0	0	0	+ 0	0
6. % INCR IN NO. OF PERSONS TRAINED IN INJ PREVENTION	0	NO DATA	+ 0	0	0	0	+ 0	0
7. % SUICIDES & ATTEMPTD SUICIDES PER 100000 RESIDENT	101	NO DATA	- 101	100	102	92	- 10	10

<b>PART III: PROGRAM TARGET GROUP</b>								
1. GENERAL DE FACTO POPULATION (THOUSANDS)	1607	1439	- 168	10	1614	1498	- 116	7
2. # OF HIGH RISK CARDIAC CASES	5308	4700	- 608	11	5414	4943	- 471	9
3. # OF HIGH RISK TRAUMA CASES	4290	4391	+ 101	2	4417	4539	+ 122	3
4. # OF HIGH RISK PEDIATRIC CASES	425	429	+ 4	1	417	419	+ 2	0
5. # OF CARDIOPULMONARY ARREST CASES	1110	931	- 179	16	1123	996	- 127	11
6. # OF LICENSED GROUND AMBULANCE SERVICE PROVIDERS	8	8	+ 0	0	8	8	+ 0	0
7. # OF LICENSED AIR AMBULANCE SERVICE PROVIDERS	2	5	+ 3	150	2	5	+ 3	150
8. # OF YOUTHS UNDER 24 AND SENIORS 65 YRS AND OLDER	673347	669030	- 4317	1	677165	673275	- 3890	1

<b>PART IV: PROGRAM ACTIVITY</b>								
1. ADM/ENFORCING STATE EMS RULES & REGS (STAFF-DAYS)	260	260	+ 0	0	260	260	+ 0	0
2. ADM/MAINT EMS COMM SYSTEM (% TIME SYSTEM OPERATNL)	100	100	+ 0	0	100	100	+ 0	0
3. ADM/MAINT EMS/INJ PREV DATA COLL/EVAL (STAFF-DAYS)	260	260	+ 0	0	260	260	+ 0	0
4. # OF RESPONSES TO EMERGENCY AMBULANCE CALLS	145683	134427	- 11256	8	147592	138945	- 8647	6
5. # OF PATIENTS BILLED FOR EMERGENCY AMBULANCE SVC	83263	75448	- 7815	9	87196	78661	- 8535	10
6. % OF AMBULANCE SERVICE REVENUES COLLECTED	67	66	- 1	1	67	66	- 1	1
7. ADM/MAINT EMS QUAL ASSUR & QUAL IMPRV PRG (ST-DYS)	312	287	- 25	8	312	302	- 10	3
8. ADM/MAINT STATE HTH EMG PREP PLAN/EXR PARTC (ST-D)	1	1	+ 0	0	1	1	+ 0	0
9. # OF PEOPLE TRAINED IN INJURY PREVENTION	1800	NO DATA	- 1800	100	1800	1800	+ 0	0
10. # COMM COAL/TSKFRC/PRTNRSHIP INIT/SUPPT IN INJ PREV	68	68	+ 0	0	68	68	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 03  
HTH 730

## **PROGRAM TITLE: EMERGENCY MEDICAL SVCS & INJURY PREV SYS**

### **PART I - EXPENDITURES AND POSITIONS**

Permanent positions vacant as of June 30, 2021, were a Public Health Educator V (Position No. (PN) 41807), a Public Health Educator IV (PN 121173), and an Office Assistant (OA) III (PN 24843). Permanent positions vacant as of September 30, 2021, were a Public Health Educator V (PN 41807), a Public Health Educator IV (PN 121173), and an OA III (PN 24843). The variance in FY 21 expenditures is primarily due to expenditure of funds appropriated in Act 48, SLH 2020, Section 33, for emergency medical services (EMS) contracts. The variance is secondarily impacted by a restriction on general fund spending, a transfer in of funds to meet requirements for EMS contracts, delays in executing two contracts planned for FY 21 to deconstruct a tower for the MEDICOM system on the island of Kauai and a tower for the MEDICOM system on the island of Hawaii, and delays in filling three permanent, vacant positions and three temporary, vacant positions. In the first quarter of FY 22, actual expenditures and encumbrance are lower than budgeted primarily due to restrictions in the allotment of general funds coupled with delays in execution of contracts and encumbrance for planned expenditures utilizing special funds. The funds for encumbrance for contracts and for other services delayed in the first quarter will be moved to the second quarter of FY 22 and are included in the estimate for the nine months ending June 30, 2022. In addition, funds appropriated in Act 208, SLH 2021, Section 23, for EMS are planned for encumbrance in the second quarter.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 5. The number of community coalitions and partnerships fluctuate based on program needs and community interest. For FY 21, the program maintained activity with the current coalitions and partnerships. For FY 22, the program plans to maintain current activity.

Item 6. In FY 21, the program's plans for scheduled training were affected by continuing health concerns with COVID-19. Complete training data for FY 21 is currently not available. For FY 22, the program continues to develop plans for training, with modifications to address continuing health concerns with COVID-19.

Item 7. Actual data for FY 21 is not available. Data sources for numerators are death certificates, Hawaii Health Information Corporation hospital records (from 7/2013 through 6/2016), and Laulima hospital records (from 7/2016 through 6/2020). Only deaths and hospital presentations among residents were included, limited to victims ten years of age and older. Hospital records of patients who died or who were transferred were excluded, along with patients without an injury-related principal diagnosis. Rates were adjusted to the 2000 U.S. population standard, using 14 age groups. Data was only available through FY 20, as death certificate and Laulima data were only available through calendar year (CY) 2020. Rates for FY 20 and FY 21 were projected by linear regression using actual data from FY 14 through FY 20. The planned (predicted) for FY 20 was 93 and the actual was 86. There were no clear trends in the annual number of deaths by suicide, but hospital treatments of nonfatal self-inflicted injuries (i.e., suicide attempts) decreased in CYs 2019 and 2020. There were system-wide reductions in the use of health care in Hawaii in association with pandemic mitigation efforts, particularly the April through December period of 2020. Emergency department visits were 34% lower in this nine-month period compared to previous (dating to 2016), and there were 15% fewer patients admitted to hospitals. EMS patient encounters also decreased by 15% in association with these mitigation efforts. As nonfatal injuries comprise approximately 83% of the total burden, the estimated rate for FY 22 was reduced from the planned rate.

### **PART III - PROGRAM TARGET GROUPS**

Item 1. Annual estimates of de facto population. Per a note in the Department of Business, Economic Development and Tourism's table, "2010 and later data revised from previous DATA Book," i.e., last year and previous. Estimates are made for July of each calendar year.

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 03  
HTH 730

## **PROGRAM TITLE: EMERGENCY MEDICAL SVCS & INJURY PREV SYS**

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Therefore, the 2012 estimate is FY 13...the 2017 estimate is FY 18. Total projected to FY 21 by linear regression. De facto population estimates include non-residents or tourists, who comprised 10% of the total over the 2015-2019 period. Due to the travel restrictions imposed by the pandemic, however, that proportion fell to 2%, accounting for much of the difference between the FY 21 planned and estimated population. The pandemic resulted in lower de facto population estimates in FY 20 and (especially) FY 21 compared to previous years. The regression model therefore estimated a continued decrease into FY 22, although a recovery in tourist traffic will show that to be erroneous.

Item 2. The decrease in high-risk cardiac cases is believed to have a correlation with the decrease in the number of ambulance calls during the period. There were system-wide reductions in use of health care in Hawaii in association with pandemic mitigation efforts, particularly the April through December period of 2020. Emergency department visits were 34% lower in this nine-month period compared to previous (dating to 2016), and there were 15% fewer patients admitted to hospitals. EMS patient encounters also decreased by 15% in association with these mitigation efforts.

Item 5. The decrease in cardiopulmonary cases is believed to have a correlation with the decrease in the number of ambulance calls during the period. There were system-wide reductions in the use of health care in Hawaii in association with pandemic mitigation efforts, particularly the April through December period of 2020. Emergency department visits were 34% lower in this nine-month period compared to previous (dating to 2016), and there were 15% fewer patients admitted to hospitals. EMS patient encounters also decreased by 15% in association with these mitigation efforts.

Item 7. There currently are five licensed Air Ambulance Providers. There were four licensed Air Ambulance Providers in FY 20. A new licensed Air Ambulance Service Provider was added in FY 21. It is undetermined whether there will be an increase in licensed Air Ambulance Service Providers in FY 22.

## **PART IV - PROGRAM ACTIVITIES**

Item 5. The decrease in patients billed is believed to have a correlation with the decrease in the number of ambulance calls during the period. There were system-wide reductions in the use of health care in Hawaii in association with pandemic mitigation efforts, particularly the April through December period of 2020. EMS patient encounters decreased by 15% in association with these mitigation efforts. The planned number for FY 22 anticipated a recovery from previous pandemic mitigation efforts.

Item 9. In FY 21, the program's plans for scheduled training were affected by continuing health concerns with COVID-19. Complete training data for FY 21 is currently not available. For FY 22, the program continues to develop plans for training, with modifications to address continuing health concerns with COVID-19.

Item 10. The number of community coalitions and partnerships fluctuate based on program needs and community interest. For FY 21, the program maintained activity with the current coalitions and partnerships. For FY 22, the program plans to maintain current activity.

PROGRAM TITLE:

FAMILY HEALTH SERVICES

11/29/21

PROGRAM-ID:

HTH-560

PROGRAM STRUCTURE NO:

050104

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	249.50	202.50	- 47.00	19	250.00	206.00	- 44.00	18	250.00	219.00	- 31.00	12
<b>EXPENDITURES (\$1000's)</b>	99,511	92,467	- 7,044	7	50,993	20,661	- 30,332	59	51,126	51,126	+ 0	0
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	249.50	202.50	- 47.00	19	250.00	206.00	- 44.00	18	250.00	219.00	- 31.00	12
<b>EXPENDITURES (\$1000's)</b>	99,511	92,467	- 7,044	7	50,993	20,661	- 30,332	59	51,126	51,126	+ 0	0

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % PRETERM BIRTHS	10	10	+ 0	0	10	10	+ 0	0
2. % UNINSURED INDV REC SUBSIDIZED PRIMARY CARE - POS	24.92	21.87	- 3.05	12	24.92	21.87	- 3.05	12
3. % CHILDREN (0-21) W/SP HTH CARE NEEDS W/MEDICAL HM	95	98.8	+ 3.8	4	95	95	+ 0	0
4. % LIVE BIRTHS SCRND FOR METAB DISORDERS & HEMOGLOB	99	99.75	+ 0.75	1	99	99	+ 0	0
5. % WIC ENROLL WOMEN & CHILDN TO 5 YRS RCV EDC, COUN	85	87	+ 2	2	87	87	+ 0	0
6. % WIC ENROLLED WOMEN WHO INITIATE BREASTFEEDING	90	90	+ 0	0	92	90	- 2	2
7. % PRENATAL SMOKING	5	5	+ 0	0	5	5	+ 0	0
8. % FEMALES 15-24 TESTED FOR CHLAMYDIA WITHIN 12 MO	58	54	- 4	7	58	53	- 5	9
9. % CHILDN 0-3 YRS W/ DEVELOP DELAYS RCVG EI SVCS	3.1	0.8	- 2.3	74	3.05	3.1	+ 0.05	2
10. % CHILDN ENROLLED IN HOME VISITG PROG W/ MEDI HOME	94	92	- 2	2	94	94	+ 0	0

<b>PART III: PROGRAM TARGET GROUP</b>								
1. # LIVE BIRTHS	17700	17700	+ 0	0	17700	17700	+ 0	0
2. # UNINSURED INDIVIDUALS	56479	56479	+ 0	0	56479	56479	+ 0	0
3. # CHILDREN WITH SPECIAL HEALTH NEEDS	40000	43575	+ 3575	9	40000	41000	+ 1000	3
4. # LIVE BIRTHS (SCREENED FOR METABOLIC DISORDERS)	18000	15401	- 2599	14	17500	16500	- 1000	6
5. # WIC ENROLLED WOMEN & CHILDN UP TO 5 YRS OLD	30958	28416	- 2542	8	31000	28416	- 2584	8
6. # WIC ENROLLED PREGNANT & POST-PARTUM WOMEN	7222	6176	- 1046	14	7700	6176	- 1524	20
7. # PREGNANT WOMEN	1100	1100	+ 0	0	1150	1100	- 50	4
8. # FEMALES 15-24 YRS OLD SERVED THRU POS CONTRACTS	88600	84000	- 4600	5	88600	84000	- 4600	5
9. # CHILDN 0-3 YRS W/DEV DELAYS EVAL CUR YR RCV EIS	3550	2262	- 1288	36	3550	3550	+ 0	0
10. # CHILDREN ENROLLED IN A HOME VISITING PROGRAM	675	545	- 130	19	700	654	- 46	7

<b>PART IV: PROGRAM ACTIVITY</b>								
1. # PREG WOMEN SRVD BY WIC & PERINATAL SUP POS CONTR	2672	2480	- 192	7	2672	2650	- 22	1
2. # UNINSURED INDV RCVD DOH SUBSIDIZED PRIM CARE POS	14076	12356	- 1720	12	14076	12356	- 1720	12
3. # CSHN 0-21 ASSISTED IN ACCESS TO MEDICAL SPC SVCS	1150	1225	+ 75	7	1150	1150	+ 0	0
4. # INFANTS SCREENED FOR METAB DISORDERS & HEMOGLOB	450	506	+ 56	12	475	475	+ 0	0
5. # NUTRIT EDUC CONTACTS/COUNSELG SESS WIC ENROLLEES	19200	19250	+ 50	0	19500	19250	- 250	1
6. # PRENATAL/POSTPARTUM BREASTFDG INFO CONTACTS	7222	6200	- 1022	14	7700	6200	- 1500	19
7. # PREGNANT WOMEN SERVED BY WIC 7 PERINATAL SUP POS	800	800	+ 0	0	800	800	+ 0	0
8. # FEMALES 15-24YRS TESTED CHLAMYDIA IN PAST 12 MOS	5200	4900	- 300	6	5200	5000	- 200	4
9. # CHILDN 0-3 YRS W/DEV DELAYS RECEIVING EIS	1700	895	- 805	47	1700	1700	+ 0	0
10. # CHILDN ENROLLED IN HOME VISTG PRG W/MEDICAL HOME	635	501	- 134	21	635	615	- 20	3

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 04  
HTH 560

## **PROGRAM TITLE: FAMILY HEALTH SERVICES**

### **PART I - EXPENDITURES AND POSITIONS**

The variance in position counts is primarily due to the hiring freeze in FY 21, in addition to the difficulties in filling position vacancies especially in the Women, Infants, and Children (WIC) Branch and the Early Intervention (EI) Services Program. The variance in expenditures for FY 21 was \$7,044,000, approximately 7%, due to the number of vacancies and COVID-19-related program activity restrictions. By the end of FY 22, the Family Health Services Division anticipates reducing vacancies by filling multiple positions currently pending approval to fill. The variance in expenditures in the first quarter of FY 22 is attributed to vacancy savings, delays in contract execution and encumbrance, as well as the overall challenges of the pandemic.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 2. The percentage is based on Part IV, Item 2, divided by Part III, Item 2. The variance, while not substantial, is due to fewer uninsured individuals seeking primary care services in FY 21.

Item 9. During the COVID-19 pandemic, there was a 16% decrease in referrals from the 2019 to 2020 calendar year. As COVID-19 case counts increased and State and county guidelines became more restrictive, referrals for EI services decreased. Additionally, the EI Section (EIS) had to modify the process for determining eligibility with the use of a standardized developmental evaluation tool. Although children were evaluated, found eligible for EI services, and received EI services, EIS could not officially count them because EIS did not have standardized developmental evaluation scores and could not apply the eligibility criteria, and the federal Office of Special Education Programs could not recognize these children in the count of children served/identified.

### **PART III - PROGRAM TARGET GROUPS**

Item 4. The number of births decreased during the year when the pandemic started to be an issue. This may be an overall trend across the country based on discussions with other states. The reasons are not clear. A possibility is that the decrease is a result of job losses and the

unstable situation due to the pandemic, which may have caused potential parents to decide to not have a baby until the economic situation is more stable. Another possible reason is that lockdowns and restrictions reduced social interactions, which may have led to less unintended pregnancies.

Item 6. The decrease in the number of WIC enrolled pregnant and postpartum women is consistent with a national trend in decreased enrollment attributable to decreased birthrates.

Item 9. During the COVID-19 pandemic, there was a 16% decrease in referrals from the 2019 to 2020 calendar year. As COVID-19 case counts increased and State and county guidelines became more restrictive, referrals for EI services decreased. Additionally, Hawaii was unable to determine eligibility because the Battelle Developmental Inventory (BDI-2) could not be administered remotely. Instead "partial" Multidisciplinary Developmental Evaluations (MDEs) were completed (i.e., evaluation with no standardized tool), and eligible children had an Interim Individual Family Support Plan (IFSP) to outline their services. There were 1,349 Interim IFSPs. This number is not included in this reported count because it is not an official number recognized by the Office of Special Education Programs even if Hawaii completed the IFSP, which includes an evaluation without administration of a standardized tool. If the 1,349 count was added to this measure, the reported number would be 3,611.

Item 10. The COVID-19 pandemic has prevented in-person screenings of new families in birthing hospitals, resulting in fewer screenings and enrollment of new families in the Home Visiting Program. While tele-screening is in use, response rates to phone calls are much lower than when the screen occurred in person. Reductions in community events have also adversely affected non-hospital referrals to home visiting. Additionally, DOH has begun working with families in two new service areas in Wahiawa on Oahu and Koloa on Kauai. As the programs there are new, it will take time for the programs to be established in the community, particularly during the pandemic. It is anticipated that more

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 04  
HTH 560

## **PROGRAM TITLE: FAMILY HEALTH SERVICES**

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children will be served as the communities become more familiar with home visiting through increased outreach activities and resuming in-person hospital screening.

### **PART IV - PROGRAM ACTIVITIES**

Item 2. The number of uninsured individuals receiving subsidized primary care purchase of services was lower in FY 21 due to less people seeking services due to COVID-19.

Item 4. The number of newborns that will have a disorder detected by newborn screening each year cannot be predicted. The disorders identified through newborn screening have a genetic basis, so there is little chance that the increased incidence of disorders detected is due to any environmental or social factors.

Item 6. The decrease in the number of WIC enrolled postpartum women is consistent with a national trend in decreased enrollment attributable to decreased birthrates.

Item 9. During the COVID-19 pandemic, there was a 16% decrease in referrals from the 2019 to 2020 calendar year. As COVID-19 case counts increased and State and county guidelines became more restrictive, referrals for EI services decreased. Additionally, Hawaii was unable to determine eligibility because the Battelle Developmental Inventory (BDI-2) could not be administered remotely. Instead "partial" MDEs were completed (i.e., evaluation with no standardized tool) and eligible children had an Interim IFSP to outline their services. There were 1,349 Interim IFSPs. This number is not included in this reported count because it is not an official number recognized by the Office of Special Education Programs even if Hawaii completed an Interim IFSP. If the 1,349 count was added to this measure, the reported number would be 2,244.

Item 10. The COVID-19 pandemic has prevented in-person screenings of new families in birthing hospitals, resulting in fewer screenings and enrollment of new families in the Home Visiting Program. While tele-screening is in use, response rates to phone calls are much lower

than when the screen occurred in person. Reductions in community events have also adversely affected non-hospital referrals to home visiting. Additionally, DOH has begun working with families in two new service areas in Wahiawa on Oahu and Koloa on Kauai. As the programs there are new, it will take time for the programs to establish themselves in the community, particularly during the pandemic. It is anticipated that more children will be served as the communities become more familiar with home visiting through increased outreach activities and resuming in-person hospital screening.

PROGRAM TITLE:

CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

11/29/21

PROGRAM-ID:

HTH-590

PROGRAM STRUCTURE NO:

050105

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	50.00	45.00	- 5.00	10	49.00	45.00	- 4.00	8	49.00	49.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	63,533	61,751	- 1,782	3	13,430	3,166	- 10,264	76	49,820	60,367	+ 10,547	21
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	50.00	45.00	- 5.00	10	49.00	45.00	- 4.00	8	49.00	49.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	63,533	61,751	- 1,782	3	13,430	3,166	- 10,264	76	49,820	60,367	+ 10,547	21

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % YTH/ADULTS MTG PHYSICAL ACTIVITY RECOMMENDATIONS	55.1	53.0	- 2.1	4	55.6	55.6	+ 0	0
2. % YTH/ADULTS CONSUME < 3 DAILY SERV/G FRUITS/VEGS	79.2	55.5	- 23.7	30	78.3	78.3	+ 0	0
3. % YOUTH & ADULTS WHO USE TOBACCO PRODUCTS	15.7	16.8	+ 1.1	7	15.6	15.6	+ 0	0
4. % ADULTS WHOSE HYPERTENSION IS UNDER CONTROL	70.2	58.4	- 11.8	17	70.9	70.9	+ 0	0
5. % ADULTS WHO RCV'D RECOMMENDED BLOOD-SUGAR SCREE	52.9	63.2	+ 10.3	19	53.5	53.5	+ 0	0
6. % INDLS 5-64YR W/ASTHMA SERVED BY FQHCS W/MEDICTIO	87.2	82.5	- 4.7	5	88.1	88.1	+ 0	0
7. % ADULTS 50-75 RCV'D RECOM COLORECTAL CANCER SCRNG	73.4	75.1	+ 1.7	2	74.2	74.2	+ 0	0
8. % ADULTS WHOSE DIABETES HBA1C VALUE IS > THAN 9.0%	71.7	61.5	- 10.2	14	72.4	72.4	+ 0	0
9. % WOMEN 50+ RCV'D RECOM BREAST CANCER SCREENING	80.1	87.0	+ 6.9	9	80.9	80.9	+ 0	0
10. % BABIES EXCLUSIVELY BREASTFED THROUGH 3 MONTHS	56.4	57.4	+ 1	2	57	57.0	+ 0	0

<b>PART III: PROGRAM TARGET GROUP</b>								
1. TOTAL # OF HAWAII RESIDENTS	1481241	1407006	- 74235	5	1493641	1493641	+ 0	0
2. TOTAL # OF CHILDREN ATTENDING HI DOE SCHOOLS	176836	159503	- 17333	10	178667	178667	+ 0	0
3. TOTAL # OF LOW-INCOME INDIVIDUALS IN HAWAII	357272	286616	- 70656	20	360263	360263	+ 0	0
4. TOTAL # OF YOUTH & ADULT TOBACCO USERS	200095	203927	+ 3832	2	199546	199546	+ 0	0
5. TOTAL # OF ADULTS WITH HYPERTENSION	381492	341135	- 40357	11	388207	388207	+ 0	0
6. TOTAL # OF ADULTS WITH DIABETES	125177	116675	- 8502	7	127380	127380	+ 0	0
7. TOTAL # OF INDIVIDUALS WITH ASTHMA	161722	128860	- 32862	20	164659	164659	+ 0	0
8. TOTAL # OF YOUTH/ADULTS WHO ARE OVERWEIGHT/OBESE	664094	665467	+ 1373	0	662319	662319	+ 0	0
9. TOTAL # ADULT ELIG FOR COLORECTAL CANCER SCRNGS	387200	426316	+ 39116	10	387200	387200	+ 0	0
10. TOTAL # OF LIVE BIRTHS.	18674	16797	- 1877	10	18831	18831	+ 0	0

<b>PART IV: PROGRAM ACTIVITY</b>								
1. # ADULTS REACHED THRU SOCIAL-MARKETG CAMPAIGNS	289360	277797	- 11563	4	291622	291622	+ 0	0
2. # OF COALITIONS SUPPORTED BY THE PROGRAMS	28	76	+ 48	171	28	28	+ 0	0
3. % DOE SCHOOLS MEETING WELLNESS GUIDELINES	87.1	83.3	- 3.8	4	88	88	+ 0	0
4. # OF WEBSITE VISITS TO HHDW, HI HEALTH MATTERS, ET	62459	105503	+ 43044	69	63065	63065	+ 0	0
5. # OF YOUTHS&ADULTS REACHED THRU CESSATION SERVICES	2329	968	- 1361	58	2345	2345	+ 0	0
6. # PPL REACHED THRU CHRON DIS PRV & SELFMGMT PRGS	5393	4385	- 1008	19	5445	5445	+ 0	0
7. # TRAININGS FOR COMM PARTNERS ON CHRONIC DIS PRVTN	520	837	+ 317	61	520	520	+ 0	0
8. # PART.S REACHED THRU CHRONIC DIS. PRVTN. TRNINGS	13900	15592	+ 1692	12	13900	13900	+ 0	0
9. % ELIGIBLE WOMEN SCREENED THRU BCCCP	4.2	4	- 0.2	5	4.3	4.3	+ 0	0
10. # SITES USING HEALTHY FOOD GUIDELINES	156	537	+ 381	244	158	158	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 05  
HTH 590

## **PROGRAM TITLE: CHRONIC DISEASE PREVENTION & HEALTH PROMOTION**

### **PART I - EXPENDITURES AND POSITIONS**

FY 21 Full-Time Equivalents: The variance is primarily attributed to hiring restrictions and challenges of the pandemic.

FY 21 Expenditure: The interdepartmental transfers fund (S-316) underspent \$686,000 due to contract processing delays, and the special fund (S-335) had a \$1.1 million carryforward pursuant to Act 12, SLH 2018, in FY 22.

FY 22 1st Quarter Expenditure: Most of the special fund expenditures happen in the 4th quarter. The variance is also attributed to delays in federal grant awards and allotments, causing delays in encumbering contracts and other expenditures.

FY 22 Nine Months Ending June 30, 2022 Expenditure: The variance is attributed to greater expenditure activity since tobacco settlement payments will be received and distributed in the 4th quarter as well as delayed federal-funded contracts and other costs to be encumbered from the 1st to 4th quarters.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 2. 30% lower than targeted - The indicator will likely decrease over time due to policy and system changes to ease healthy eating choices. However, the greater-than-planned change is likely an artifact and due to a change in the indicator definition.

Item 4. Decrease of 16.81% - Due to the COVID-19 pandemic, patients reduced non-urgent visits to their primary care doctors and may have prevented providers from effectively monitoring their patients with hypertension and adjusting medications.

Item 5. Increased by 19.47% - The growth is the result of expanded opportunities for and awareness of the importance of diabetes screening, likely due to an outdated target that was based on a different indicator definition, and now aligned with current national guidelines.

Item 8. Decreased by 14.23% - Patients reduced non-urgent visits to their primary care doctors during the pandemic and may have prevented providers from effectively monitoring their patients with diabetes and adjusting medications.

### **PART III - PROGRAM TARGET GROUPS**

Item 2. The number of children attending Hawaii Department of Education schools was 9.8% lower than the target. School enrollment has decreased, which may be attributed to the COVID-19 pandemic prompting many families to consider homeschooling, charter schools, and/or private school education.

Item 3. 19.78% lower than targeted - This may reflect normal variation in year-to-year samples.

Item 5. Decreased by 10.58% - This may be the result of educational efforts to prevent hypertension as well as more accurate diagnosis of the condition by health care providers.

Item 7. Decreased 20.32% - This may be the result of strict smoke-free policies that limit exposure to environmental triggers as well as improved clinical management by health care providers.

Item 9. Increased by 10.10% - This is consistent with an aging population and reflects an increase in the 50-75 age group.

Item 10. Decreased by 10.05% - The data is based on the record of live births to Hawaii residents during the COVID-19 pandemic.

### **PART IV - PROGRAM ACTIVITIES**

Item 2. Increased by 171.43% - New coalitions were formed across multiple program areas, particularly in the areas of Community Outreach and Public Health Education (COPHE), cancer, and physical activity in 2020-2021.

## VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 05  
HTH 590

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**PROGRAM TITLE: CHRONIC DISEASE PREVENTION & HEALTH PROMOTION**

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Item 4. Increased by 68.92% - Several new resources were released through the Hawaii Health Data Warehouse/Hawaii Health Matters websites, including a HP2030 Tracker and a Primary Care Needs Assessment Tracker and visits increased by people seeking health data and information during the COVID-19 pandemic.

Item 5. Decreased by 58.44% - Service transition to a new provider started in January 2021, so reach is anticipated to increase with greater flexibility and accessibility of services for youth and adults.

Item 6. Decreased by 18.69% - Contributors to the decrease were the pandemic causing diabetes prevention program cohorts to be delayed or postponed and asthma and Supplemental Nutrition Assistance Program Education programs to no longer provide training to individuals. However, providing telehealth options and positive enrollment participation mitigated further decreases.

Item 7. Increased by 60.96% - Programs used virtual platforms to offer and conduct trainings and added COPHE COVID-19 prevention trainings for community-based organizations.

Item 8. Increased by 12.17% - The program increased participation during the pandemic by conducting trainings virtually and adding COPHE COVID-19 prevention trainings.

Item 10. Increased by 244.23% - The program increased its reach by adding childcare facilities that are using healthy food guidelines required by menu review and licensing process. The data source is with adults in federally qualified healthcare centers, a population facing greater health disparities and increased challenges during the COVID-19 pandemic.

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
<b>PART I: EXPENDITURES &amp; POSITIONS</b>															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	13.00	8.00	-	5.00	38	16.00	8.00	-	8.00	50	16.00	16.00	+	0.00	0
EXPENDITURES (\$1000's)	1,693	1,674	-	19	1	264	264	+	0	0	2,317	2,317	+	0	0
TOTAL COSTS															
POSITIONS	13.00	8.00	-	5.00	38	16.00	8.00	-	8.00	50	16.00	16.00	+	0.00	0
EXPENDITURES (\$1000's)	1,693	1,674	-	19	1	264	264	+	0	0	2,317	2,317	+	0	0
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % MOE HRA PROG SHOWING BENEFICIAL CHGS (PL VS ACT)	90	85	-	5	6	90	90	+	0	0					
2. AVG TURNAROUND TIME TO ISSUE MED CANNABIS CARDS	5	4.5	-	0.5	10	5	5	+	0	0					
3. % MED CANN CARDS ISSUED TO PATIENTS W/DEB MED COND	3	3	+	0	0	3	3	+	0	0					
4. % DISPENSARIES INSPECTED AT LEAST QTRLY	100	100	+	0	0	100	100	+	0	0					
5. % DISPENSARIES THAT REMAIN IN COMPLIA W/HAR 11-850	100	100	+	0	0	100	100	+	0	0					
6. % DISPENSARIES' LICENSES RENEWED	100	100	+	0	0	100	100	+	0	0					
PART III: PROGRAM TARGET GROUP															
1. PERSONNEL IN HEALTH RESOURCES ADMINISTRATION	800	800	+	0	0	800	800	+	0	0					
2. ALL IN-STATE MED CANN REGISTRY APPLICANTS IN SFY	31232	34229	+	2997	10	34790	34790	+	0	0					
3. ALL IND W/DEB MED COND APPLY FOR CANN CARD IN SFY	2260	2261	+	1	0	2088	2088	+	0	0					
4. LICENSED MEDICAL CANNABIS DISPENSARIES	8	8	+	0	0	8	8	+	0	0					

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 01 06  
HTH 595

## **PROGRAM TITLE: HEALTH RESOURCES ADMINISTRATION**

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### **PART I - EXPENDITURES AND POSITIONS**

The FY 21 full-time equivalent (FTE) variance is primarily attributed to unfunded positions and restrictions/challenges related to the pandemic. The FY 22 1st quarter FTE variance is primarily attributed to the need to fill administrative positions.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 2. The actual outcome slightly exceeded our expectations. Majority of the registry staff positions were filled, and the travel restrictions for FY 21 significantly reduced the number of out-of-state applications received and processed, allowing the registry staff additional time to focus on the in-state applications.

### **PART III - PROGRAM TARGET GROUPS**

Item 2. The planned number of valid patients was slightly underestimated.

### **PART IV - PROGRAM ACTIVITIES**

None.

PROGRAM TITLE:

HOSPITAL CARE

11/29/21

PROGRAM-ID:

PROGRAM STRUCTURE NO: 0502

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	2,835.25	2,953.25	+ 118.00	4	2,835.25	3,013.25	+ 178.00	6	2,835.25	3,013.25	+ 178.00	6
EXPENDITURES (\$1000's)	750,536	601,116	- 149,420	20	180,959	153,757	- 27,202	15	563,405	496,658	- 66,747	12
TOTAL COSTS												
POSITIONS	2,835.25	2,953.25	+ 118.00	4	2,835.25	3,013.25	+ 178.00	6	2,835.25	3,013.25	+ 178.00	6
EXPENDITURES (\$1000's)	750,536	601,116	- 149,420	20	180,959	153,757	- 27,202	15	563,405	496,658	- 66,747	12
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - ACUTE CARE	51.25	68.19	+ 16.94	33	51.25	58.44	+ 7.19	14				
2. OCCUPANCY RATE - LONG-TERM CARE	91.07	76.28	- 14.79	16	91.07	82.16	- 8.91	10				
3. AVERAGE LENGTH OF STAY - ACUTE CARE	5.6	7.3	+ 1.7	30	5.6	6.6	+ 1	18				
4. AVERAGE LENGTH OF STAY - LONG TERM CARE	447.9	391.9	- 56	13	447.9	346.9	- 101	23				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

**PROGRAM TITLE: HOSPITAL CARE**

**05 02**

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## **PART I - EXPENDITURES AND POSITIONS**

Specific variances are discussed in detail in the lowest level program narratives.

## **PART II - MEASURES OF EFFECTIVENESS**

Specific variances are discussed in detail in the lowest level program narratives.

PROGRAM TITLE:

HAWAII HEALTH SYSTEMS CORP - CORP OFFICE

11/29/21

PROGRAM-ID:

HTH-210

PROGRAM STRUCTURE NO:

050201

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	54.50	76.25	+ 21.75	40	54.50	76.25	+ 21.75	40	54.50	76.25	+ 21.75	40
<b>EXPENDITURES (\$1000's)</b>	17,509	16,096	- 1,413	8	4,377	4,192	- 185	4	13,132	13,317	+ 185	1
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	54.50	76.25	+ 21.75	40	54.50	76.25	+ 21.75	40	54.50	76.25	+ 21.75	40
<b>EXPENDITURES (\$1000's)</b>	17,509	16,096	- 1,413	8	4,377	4,192	- 185	4	13,132	13,317	+ 185	1
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. BOARD APPROVED OPERATING EXPENSE BUDGET TO ACTUAL	14948	16096	+ 1148	8	15034	16071	+ 1037	7				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 02 01  
HTH 210

**PROGRAM TITLE: HAWAII HEALTH SYSTEMS CORP - CORP OFFICE**

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## **PART I - EXPENDITURES AND POSITIONS**

The variances in positions are due to the fact that the Hawaii Health Systems Corporation has position control over the establishment of positions, and the budgeted position number of 54.50 was established over ten (10) years ago and has not been updated since.

## **PART II - MEASURES OF EFFECTIVENESS**

No significant variances.

## **PART III - PROGRAM TARGET GROUPS**

No program target groups have been developed for this program.

## **PART IV - PROGRAM ACTIVITIES**

No program activities have been developed for this program.

PROGRAM TITLE: KAHUKU HOSPITAL

PROGRAM-ID: HTH-211

PROGRAM STRUCTURE NO: 050202

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES (\$1000's)	1,800	1,800	+ 0	0	427	427	+ 0	0	1,373	1,373	+ 0	0
TOTAL COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES (\$1000's)	1,800	1,800	+ 0	0	427	427	+ 0	0	1,373	1,373	+ 0	0
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - ACUTE CARE	94.5	90.9	- 3.6	4	94.5	92.9	- 1.6	2				
2. OCCUPANCY RATE - LONG-TERM CARE	0	0	+ 0	0	0	0	+ 0	0				
3. AVERAGE LENGTH OF STAY - ACUTE CARE (DAYS)	45.2	31	- 14.2	31	45.2	35	- 10.2	23				
4. AVERAGE LENGTH OF STAY - LONG-TERM CARE (DAYS)	0	0	+ 0	0	0	0	+ 0	0				
5. AVERAGE OPERATING COST PER PATIENT DAY(EXCL EQUIP)	2911.5	2848	- 63.5	2	2911.5	3000	+ 88.5	3				
6. AVERAGE PATIENT REVENUE PER PATIENT DAY	6129.7	5017	- 1112.7	18	6129.7	5952	- 177.7	3				
PART III: PROGRAM TARGET GROUP												
1. EST. POPULATION OF SERVICE AREA (RESIDENTS)	22500	22500	+ 0	0	22500	22500	+ 0	0				
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE	224	225	+ 1	0	224	207	- 17	8				
2. NUMBER OF IN-PATIENT DAYS - ACUTE CARE	5731	6967	+ 1236	22	5731	7132	+ 1401	24				
3. NUMBER OF EMERGENCY ROOM VISITS	6103	5172	- 931	15	6103	6288	+ 185	3				
4. NUMBER OF ADMISSIONS - LONG-TERM CARE	0	0	+ 0	0	0	0	+ 0	0				
5. NUMBER OF PATIENT DAYS - LONG-TERM CARE	0	NO DATA	- 0	0	0	0	+ 0	0				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 02 02  
HTH 211

**PROGRAM TITLE: KAHUKU HOSPITAL**

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**PART I - EXPENDITURES AND POSITIONS**

No significant variances.

**PART II - MEASURES OF EFFECTIVENESS**

Item 3. The variance is due to the uncertainty of how delicensing long-term care beds would affect the average length of stay.

Item 6. The variance can be contributed to the COVID-19 pandemic.

**PART III - PROGRAM TARGET GROUPS**

No significant variances.

**PART IV - PROGRAM ACTIVITIES**

Item 2. See Part II, Item 3.

Item 3. See Part II, Item 6.

PROGRAM TITLE:

HAWAII HEALTH SYSTEMS CORPORATION - REGIONS

11/29/21

PROGRAM-ID:

HTH-212

PROGRAM STRUCTURE NO:

050203

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	2,780.75	2,877.00	+ 96.25	3	2,780.75	2,937.00	+ 156.25	6	2,780.75	2,937.00	+ 156.25	6
<b>EXPENDITURES (\$1000's)</b>	707,785	560,720	- 147,065	21	175,280	148,263	- 27,017	15	531,790	467,757	- 64,033	12
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	2,780.75	2,877.00	+ 96.25	3	2,780.75	2,937.00	+ 156.25	6	2,780.75	2,937.00	+ 156.25	6
<b>EXPENDITURES (\$1000's)</b>	707,785	560,720	- 147,065	21	175,280	148,263	- 27,017	15	531,790	467,757	- 64,033	12
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. AVERAGE OPERATING COST PER PATIENT DAY (EXCL EQPT)	2598	2835	+ 237	9	2690	2835	+ 145	5				
2. AVERAGE PATIENT REVENUE PER PATIENT DAY	1801	2197	+ 396	22	1869	2330	+ 461	25				
3. OCCUPANCY RATE - ACUTE CARE	51.25	68.19	+ 16.94	33	51.25	58.44	+ 7.19	14				
4. OCCUPANCY RATE - LONG-TERM CARE	91.07	76.28	- 14.79	16	91.07	82.16	- 8.91	10				
<b>PART III: PROGRAM TARGET GROUP</b>												
1. EST. POPULATION OF SERVICE AREA - EAST HAWAII	120908	119971	- 937	1	120908	120331	- 577	0				
2. EST. POPULATION OF SERVICE AREA - WEST HAWAII	80605	83369	+ 2764	3	80605	83619	+ 3014	4				
3. EST. POPULATION OF SERVICE AREA - MAUI	NO DATA	NO DATA	+ 0	0	NO DATA	NO DATA	+ 0	0				
4. EST. POPULATION OF SERVICE AREA - KAUAI	72437	71851	- 586	1	72437	71492	- 945	1				
5. EST. POPULATION SERVICE AREA OVER 65 - EAST HAWAII	26425	27014	+ 589	2	26424	27095	+ 671	3				
6. EST. POPULATION SERVICE AREA OVER 65 - WEST HAWAII	17616	17616	+ 0	0	17616	18829	+ 1213	7				
7. EST. POPULATION SERVICE AREA OVER 65 - MAUI	NO DATA	NO DATA	+ 0	0	NO DATA	NO DATA	+ 0	0				
8. EST. POPULATION SERVICE AREA OVER 65 - OAHU	17680	181138	+ 163458	925	176780	180957	+ 4177	2				
9. EST. POPULATION SERVICE AREA OVER 65 - KAUAI	14980	15308	+ 328	2	14980	15231	+ 251	2				
<b>PART IV: PROGRAM ACTIVITY</b>												
1. NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE	10744	11083	+ 339	3	10744	11270	+ 526	5				
2. NUMBER OF IN-PATIENT DAYS - ACUTE CARE	60422	80388	+ 19966	33	60422	74013	+ 13591	22				
3. NUMBER OF BIRTHS	1452	1556	+ 104	7	1452	1560	+ 108	7				
4. NUMBER OF ADMISSIONS - LONG-TERM CARE	328	314	- 14	4	328	350	+ 22	7				
5. NUMBER OF PATIENT DAYS - LONG-TERM CARE	146927	123061	- 23866	16	146927	132854	- 14073	10				
6. NUMBER OF EMERGENCY ROOM (ER) VISITS	65164	66792	+ 1628	2	65164	67000	+ 1836	3				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 02 03  
HTH 212

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**PROGRAM TITLE: HAWAII HEALTH SYSTEMS CORPORATION - REGIONS**

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**PART I - EXPENDITURES AND POSITIONS**

The variances in expenditures are due to the transfer of operation of Maui Memorial Medical Center, Kula Hospital, and Lanai Community Hospital to Maui Health System, a Kaiser Foundation Hospitals, LLC.

**PART II - MEASURES OF EFFECTIVENESS**

Items 2, 3, and 4. The variances in FY 21 and FY 22 can be contributed to the COVID-19 pandemic.

**PART III - PROGRAM TARGET GROUPS**

Item 8. The variance in FY 21 is due to an error in the inputting of the planned number.

**PART IV - PROGRAM ACTIVITIES**

Items 2 and 5. See Part II, Items 3 and 4.

PROGRAM TITLE:

ALII COMMUNITY CARE

11/29/21

PROGRAM-ID:

HTH-213

PROGRAM STRUCTURE NO:

050204

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES (\$1000's)	3,500	3,500	+ 0	0	875	875	+ 0	0	2,625	2,626	+ 1	0
TOTAL COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES (\$1000's)	3,500	3,500	+ 0	0	875	875	+ 0	0	2,625	2,626	+ 1	0
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. NO MEASURES HAVE BEEN DEVELOPED FOR THIS PROGRAM	NO DATA	NO DATA	+ 0	0	NO DATA	NO DATA	+ 0	0				

**VARIANCE REPORT NARRATIVE  
FY 2021 AND FY 2022**

**05 02 04  
HTH 213**

**PROGRAM TITLE: ALII COMMUNITY CARE**

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**PART I - EXPENDITURES AND POSITIONS**

No significant variances.

**PART II - MEASURES OF EFFECTIVENESS**

No measures have been developed for this program.

**PART III - PROGRAM TARGET GROUPS**

No program target groups have been developed for this program.

**PART IV - PROGRAM ACTIVITIES**

No program activities have been developed for this program.

PROGRAM TITLE:

PRIVATE HOSPITALS & MEDICAL SERVICES

11/29/21

PROGRAM-ID:

SUB-601

PROGRAM STRUCTURE NO:

050205

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES (\$1000's)	942	0	- 942	100	0	0	+ 0	0	2,900	0	- 2,900	100
TOTAL COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
EXPENDITURES (\$1000's)	942	0	- 942	100	0	0	+ 0	0	2,900	0	- 2,900	100
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. STATE SUBSIDY AS A % OF TOTAL HOSPITAL BUDGET	NO DATA	NO DATA	+ 0	0	NO DATA	NO DATA	+ 0	0				

**VARIANCE REPORT NARRATIVE  
FY 2021 AND FY 2022**

**05 02 05  
SUB 601**

**PROGRAM TITLE: PRIVATE HOSPITALS & MEDICAL SERVICES**

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**PART I - EXPENDITURES AND POSITIONS**

N/A

**PART II - MEASURES OF EFFECTIVENESS**

No data available.

**PART III - PROGRAM TARGET GROUPS**

No measures have been developed for this program.

**PART IV - PROGRAM ACTIVITIES**

No measures have been developed for this program.

PROGRAM TITLE:

MAUI HEALTH SYSTEM, A KFH LLC

11/29/21

PROGRAM-ID:

HTH-214

PROGRAM STRUCTURE NO:

050206

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	19,000	19,000	+ 0	0	0	0	+ 0	0	11,585	11,585	+ 0	0
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	19,000	19,000	+ 0	0	0	0	+ 0	0	11,585	11,585	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 02 06  
HTH 214

**PROGRAM TITLE: MAUI HEALTH SYSTEM, A KFH LLC**

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## **PART I - EXPENDITURES AND POSITIONS**

No significant variances.

## **PART II - MEASURES OF EFFECTIVENESS**

No measures have been developed for this program.

## **PART III - PROGRAM TARGET GROUPS**

No program target groups have been developed for this program.

## **PART IV - PROGRAM ACTIVITIES**

No program activities have been developed for this program.

## VARIANCE REPORT

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	1,369.75	1,033.25	- 336.50	25	1,359.75	1,047.25	- 312.50	23	1,359.75	1,285.75	- 74.00	5
EXPENDITURES (\$1000's)	362,737	359,619	- 3,118	1	108,365	104,999	- 3,366	3	260,703	274,156	+ 13,453	5
TOTAL COSTS												
POSITIONS	1,369.75	1,033.25	- 336.50	25	1,359.75	1,047.25	- 312.50	23	1,359.75	1,285.75	- 74.00	5
EXPENDITURES (\$1000's)	362,737	359,619	- 3,118	1	108,365	104,999	- 3,366	3	260,703	274,156	+ 13,453	5
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % CLIENTS COMPLETING ALCOHOL & DRUG ABUSE TRTMT	49	36	- 13	27	49	45	- 4	8				
2. % OF PURCHASE OF SERVICE PROGRAMS MONITORED	100	100	+ 0	0	100	100	+ 0	0				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

**PROGRAM TITLE: BEHAVIORAL HEALTH**

**05 03**

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## **PART I - EXPENDITURES AND POSITIONS**

Specific variances are discussed in detail in the lowest level program narratives.

## **PART II - MEASURES OF EFFECTIVENESS**

Item 1. The decrease in percentage of individuals successfully completing treatment services is a result of various reasons: 1) individuals not having the proper resources or equipment to participate in telehealth services; and 2) individuals leaving treatment and not being comfortable with traveling to and from treatment programs in the middle of a pandemic with all the restrictions in place.



# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 03 01  
HTH 420

## **PROGRAM TITLE: ADULT MENTAL HEALTH - OUTPATIENT**

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### **PART I - EXPENDITURES AND POSITIONS**

FY 21: At the end of the fiscal year, there were 38.00 vacant positions due to a hiring freeze. The expenditure variance is attributed to vacancy savings and delays in the execution of purchase of service (POS) contracts.

FY 22: At the end of the 1st quarter, there were 40.00 vacant positions due to a hiring freeze. The expenditure variances are attributed to expenditures from non-appropriated federal funds.

### **PART II - MEASURES OF EFFECTIVENESS**

No significant variances.

### **PART III - PROGRAM TARGET GROUPS**

No significant variances.

### **PART IV - PROGRAM ACTIVITIES**

Item 1. FY 21, 22: The variances are attributed to an increase in the number of consumers being transitioned to Medicaid QUEST Integration services, resulting in a decrease in the number of consumers served by Community Mental Health Centers (CMHCs). The variances were also caused by less staff available in the CMHCs to provide services due to vacant positions.

Item 2. FY 21, FY 22: The variances are attributed to an increase in the number of consumers being transitioned to Medicaid QUEST Integration services, resulting in a decrease in the number of consumers served by POS programs.

Item 3. FY 21, FY 22: The variances are attributed to an increase in the number of consumers being transitioned to Medicaid QUEST Integration services, resulting in a decrease in the number of consumers requesting eligibility determinations so they can receive services at the CMHCs. The variances were also caused by less staff available in the CMHCs to provide eligibility determinations due to vacant positions.

Item 4. FY 21, FY 22: The variances are attributed to an increase in the number of consumers being transitioned to Medicaid QUEST Integration services, resulting in a decrease in the number of consumers admitted to the CMHCs for services. The variances were also caused by less staff available in the CMHCs to provide services due to vacant positions.

Item 5. FY 21, FY 22: The variances are attributed to a decrease in the number of admissions to the CMHCs, resulting in a corresponding decrease in the number of consumers discharged from the CMHCs.

Item 6. FY 21, FY 22: The variances are attributed to an increase in the number of consumers being transitioned to Medicaid QUEST Integration services, resulting in a decrease in the number of consumers served by the contracted specialized residential service programs.

Item 7. FY 21, FY 22: The variances are attributed to an increase in the number of available group home beds, resulting in more consumers being served.

PROGRAM TITLE:

ADULT MENTAL HEALTH - INPATIENT

11/29/21

PROGRAM-ID:

HTH-430

PROGRAM STRUCTURE NO:

050302

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
<b>OPERATING COSTS</b>												
POSITIONS	739.00	515.50	- 223.50	30	737.00	553.00	- 184.00	25	737.00	660.00	- 77.00	10
EXPENDITURES (\$1000's)	82,713	80,519	- 2,194	3	21,347	16,410	- 4,937	23	72,645	77,582	+ 4,937	7
<b>TOTAL COSTS</b>												
POSITIONS	739.00	515.50	- 223.50	30	737.00	553.00	- 184.00	25	737.00	660.00	- 77.00	10
EXPENDITURES (\$1000's)	82,713	80,519	- 2,194	3	21,347	16,410	- 4,937	23	72,645	77,582	+ 4,937	7
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. % CLIENTS DISCHARGED TO COMMUNITY-BASED SVCS	77	81.1	+ 4.1	5	78	78.2	+ 0.2	0				
2. % CLIENTS TREATED/DISCH W/CONT COMM TENURE > 12 MO	31	33.2	+ 2.2	7	31	32.8	+ 1.8	6				
3. % CLIENTS TRANSFERRED TO A CONTRACT FACILITY	27	21.1	- 5.9	22	29	21.6	- 7.4	26				
<b>PART III: PROGRAM TARGET GROUP</b>												
1. # PENAL COMMITMENT PATIENTS	353	222	- 131	37	362	251	- 111	31				
2. # CIVIL COMMITMENT PATIENTS	12	7	- 5	42	12	8	- 4	33				
<b>PART IV: PROGRAM ACTIVITY</b>												
1. # NEW ADMISSIONS	131	81	- 50	38	134	94	- 40	30				
2. # READMISSIONS	229	148	- 81	35	236	165	- 71	30				
3. # DISCHARGES	361	249	- 112	31	370	260	- 110	30				
4. # FORENSIC/COURT-ORDERED ADMISSIONS	373	227	- 146	39	383	261	- 122	32				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 03 02  
HTH 430

## **PROGRAM TITLE: ADULT MENTAL HEALTH - INPATIENT**

### **PART I - EXPENDITURES AND POSITIONS**

FY 21: As of June 30, 2021, there were a total of 223.50 vacant positions. This high variance was caused by the COVID-19-related hiring freeze in place statewide. There also were recruitment delays due to reorganization-related position actions.

FY 22: As of September 30, 2021, there were a total of 184 vacant positions. This high variance was caused by the COVID-19-related hiring freeze in place statewide. There also were recruitment delays due to reorganization-related position actions.

FY 21: As of June 30, 2021, the expenditure variance of \$2,194,000 was caused by vacancy savings.

FY 22: As of Sept 30, 2021, there was a variance of \$4,937,000. This high variance is due to the implementation of the HIPS payroll system with the timekeeping function. The transition was not seamless resulting in under/overpayment of employees' salaries. Several Admin Services Office Contracts were in process of being extended and funds could not be encumbered until contracts were officially extended.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 1. For FY 21, the percentage of patients discharged to community-based services was 81%, 4% more than the planned percentage of 77%. This is generally consistent with expectations.

Item 2. For FY 21, the percentage of patients discharged with continuous community tenure more than 12 months was 33%, 2% more than the planned percentage of 31%. The higher percentage was in line with expectations.

Item 3. For FY 21, the percentage of clients transferred to a contract facility was 21%, 6% less than the planned percentage of 27%. This lower percentage was generally in line with expectations.

### **PART III - PROGRAM TARGET GROUPS**

Item 1. The actual number of penal commitment patients was 222, 131 less than the planned number of 353 patients. This decrease was due to a decrease in the number of court hearings due to COVID-19.

Item 2. The actual number of civil commitment patients was 7, 5 less than the planned 12 patients. This decrease was due to a decrease in patient flow through the legal system related to COVID-19.

### **PART IV - PROGRAM ACTIVITIES**

Items 1-4. The variances are due to the decrease in court hearings during the pandemic.

PROGRAM TITLE: ALCOHOL & DRUG ABUSE DIVISION

11/29/21

PROGRAM-ID: HTH-440

PROGRAM STRUCTURE NO: 050303

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
<b>PART I: EXPENDITURES &amp; POSITIONS</b>															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	29.00	16.00	-	13.00	45	29.00	16.00	-	13.00	45	29.00	29.00	+	0.00	0
EXPENDITURES (\$1000's)	36,292	37,247	+	955	3	9,100	9,202	+	102	1	27,301	27,198	-	103	0
TOTAL COSTS															
POSITIONS	29.00	16.00	-	13.00	45	29.00	16.00	-	13.00	45	29.00	29.00	+	0.00	0
EXPENDITURES (\$1000's)	36,292	37,247	+	955	3	9,100	9,202	+	102	1	27,301	27,198	-	103	0

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22					
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%		
<b>PART II: MEASURES OF EFFECTIVENESS</b>										
1. % OF INDIVIDUALS SUCCESSFULLY COMPLETING TX SVCS	49	36	-	13	27	49	45	-	4	8
2. % IND'LS REC'D CURR-BASED PREV SVS RPT SA ABSTINEN	95	0	-	95	100	95	0	-	95	100
3. # INDIVIDUALS OBTAIN/MAINTAIN THEIR SA PROF CERT	970	906	-	64	7	970	950	-	20	2
4. % ATTENDEES RPTING SATISFACTION W/ TRNG EVENTS	96	96	+	0	0	96	96	+	0	0
5. # SA TX PROGS THAT OBTAIN/MAINTAIN ACCREDITATION	23	21	-	2	9	24	22	-	2	8

<b>PART III: PROGRAM TARGET GROUP</b>															
1. INDIVIDUALS IN NEED OF SA TREATMENT SVCS	93294	243000	+	149706	160	93294	95000	+	1706	2					
2. INDIVIDUALS IN NEED OF SA PREVENTION SVCS	286459	256733	-	29726	10	286459	254584	-	31875	11					
3. INDIVIDUALS WHO ARE SEEKING SA CERTIFICATION	320	308	-	12	4	320	300	-	20	6					
4. # SA DIRECT SVC STAFF THAT CAN BENEFIT FR SA TRNGS	1200	1200	+	0	0	1240	1260	+	20	2					
5. # OF SA TX PROGS THAT REQUIRE ACCREDITATION	21	21	+	0	0	21	22	+	1	5					

<b>PART IV: PROGRAM ACTIVITY</b>															
1. # OF INDIVIDUALS RECEIVING TX SVCS	5450	3545	-	1905	35	5450	5450	+	0	0					
2. # OF INDIVIDUALS RECEIVE CURRICULUM-BASE PREV SVCS	1100	3087	+	1987	181	1100	3200	+	2100	191					
3. # PROVIDED INFO RE STATUS OF SA CERT/RECERT APP	400	437	+	37	9	420	440	+	20	5					
4. # SA CERT PROFS-OTHER SA STAFF ENROLLED IN TRNG	1640	1608	-	32	2	1680	1700	+	20	1					
5. # OF SA TX PROGS REVIEWED FOR ACCREDITATION	21	21	+	0	0	21	22	+	1	5					

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 03 03  
HTH 440

## **PROGRAM TITLE: ALCOHOL & DRUG ABUSE DIVISION**

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### **PART I - EXPENDITURES AND POSITIONS**

The variances in filled positions in FY 21 and the first quarter of FY 22 are due to the hiring freeze that was lifted on July 1, 2021. Presently ten positions are in active recruitment.

The variances in expenditures greater than \$75,000 for FY 21 and FY 22 are due to federal grants budgeted in the state fiscal year (July to June) but expended during the federal grant budget year (October to September) and due to slow starts on new grant awards.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 1. The decrease in percentage of individuals successfully completing treatment services is a result of various reasons: 1) individuals not having the proper resources or equipment to participate in telehealth services; and 2) individuals leaving treatment and not being comfortable with traveling to and from treatment programs in the middle of a pandemic with all the restrictions in place.

Item 2. For FY 21 and FY 22, the data shows zero because the evidence-based curricula implemented focus on reducing risk factors associated with substance abuse and increasing protective factors as opposed to focusing on substance abuse abstinence.

### **PART III - PROGRAM TARGET GROUPS**

Item 1. The increase in variance of individuals in need of substance use treatment services for FY 21 is a result of the impact of the COVID-19 pandemic on individuals' behavioral health. The COVID-19 pandemic has not affected individuals only physically and financially but also emotionally due to State lockdowns and restrictions that everyone needed to cope and deal with; however, individuals did not necessarily know where to go or how to obtain behavioral health services.

Item 2. The decreased actual variance for FY 21 and the estimated for FY 22 are based on: 1) the target population for prevention services, which is youth ages 9 through 24; 2) enrollment data for students in

fourth-twelfth grades in public, charter, and private schools and census data for those 18-24 years old; and 3) the available enrollment data for public and charter schools showed a decrease in enrollment.

### **PART IV - PROGRAM ACTIVITIES**

Item 1. The decrease in variance of individuals receiving treatment services for FY 21 could have resulted from various situations: 1) not knowing where to go for services during a pandemic; 2) providers limiting their capacity to adhere to restrictions; and 3) individuals not having the resources or equipment needed to receive services through telehealth.

Item 2. The increased actual variance for FY 21 and the estimated variance for FY 22 are attributed to: 1) implementation of evidence-based curriculum regardless of funding source; and 2) implementation of effective outreach, recruitment, and tracking strategies used by prevention providers to increase and sustain program enrollment.

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
<b>OPERATING COSTS</b>												
POSITIONS	179.00	147.00	- 32.00	18	179.00	144.00	- 35.00	20	179.00	179.00	+ 0.00	0
EXPENDITURES (\$1000's)	62,421	54,406	- 8,015	13	37,261	37,225	- 36	0	25,962	25,998	+ 36	0
<b>TOTAL COSTS</b>												
POSITIONS	179.00	147.00	- 32.00	18	179.00	144.00	- 35.00	20	179.00	179.00	+ 0.00	0
EXPENDITURES (\$1000's)	62,421	54,406	- 8,015	13	37,261	37,225	- 36	0	25,962	25,998	+ 36	0

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % OF YOUTH RECEIVING IN-HOME SERVICES	53	59	+ 6	11	53	53	+ 0	0
2. % OF YOUTH RECV OUT/HOME THERAP FOSTER HOME SVCS	6	6	+ 0	0	6	6	+ 0	0
3. % OF YOUTH RECV OUT/HOME COMM BASED RESIDTAL SVCS	4	6	+ 2	50	4	4	+ 0	0
4. % OF YOUTH RECV OUT/HOME HOSPIT BASED RESIDTL SVCS	3	4	+ 1	33	3	3	+ 0	0
5. % OF YOUTH RECV OUT/HOME OUT OF STATE SERVICES	1	2	+ 1	100	1	1	+ 0	0
6. AVE # OF DAYS YOUTH ENROLLED IN IN-HOME SVCS	237	205	- 32	14	237	237	+ 0	0
7. AVE # OF DAYS YOUTH ENRO OUT/HOME THERAP FOST HOME	303	164	- 139	46	303	303	+ 0	0
8. AVE # OF DAYS YOUTH ENRO OUT/HOME COMM BASED RESID	145	84	- 61	42	145	145	+ 0	0
9. AVE # OF DAYS YOUTH ENRO OUT/HOME HOSP BASED SVCS	63	62	- 1	2	63	63	+ 0	0
10. AVE # OF DAYS YOUTH ENRO OUT/HOME OUT OF STATE SVC	425	307	- 118	28	425	425	+ 0	0

<b>PART III: PROGRAM TARGET GROUP</b>								
1. # OF YOUTH WITH MEDICAID ENROLLMENT AND TREATMENT	1847	1553	- 294	16	1847	1847	+ 0	0
2. # OF YOUTH WITH EDUCATIONALLY-LINKED TREATMENT	167	80	- 87	52	167	167	+ 0	0
3. # OF YOUTH WITH JUDICIALLY ENCUMBERED TREATMENT	93	191	+ 98	105	93	93	+ 0	0
4. # OF YOUTH AGE 12 AND UNDER	553	617	+ 64	12	553	553	+ 0	0
5. # OF YOUTH WITH OTHER FUNDED TREATMENT	16	79	+ 63	394	16	16	+ 0	0

<b>PART IV: PROGRAM ACTIVITY</b>								
1. TOTAL AMT (IN 1,000'S) BILLED FOR CONTRACTED SVCS	32000	24801	- 7199	22	32000	32000	+ 0	0
2. TOTAL AMT REIMB (1,000'S) BY MEDCD FOR CONTRA SVC	11200	8786	- 2414	22	11200	11200	+ 0	0
3. % OF CONTRACTED SVCS COSTS WHICH FED REIMB RECVD	35	40	+ 5	14	35	35	+ 0	0
4. TOTAL # OF YOUTH SERVED	2350	1731	- 619	26	2350	2350	+ 0	0
5. TOTAL # OF YOUTH SERVED WITH CONTRACTED SERVICES	1425	1140	- 285	20	1425	1425	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 03 04  
HTH 460

## **PROGRAM TITLE: CHILD & ADOLESCENT MENTAL HEALTH**

### **PART I - EXPENDITURES AND POSITIONS**

The variance in the number of filled positions is due to COVID-19 restrictions that prevented the timely hiring of personnel lost to resignations and retirements. Due to the hiring freeze in April 2020, several vacant positions within the Child Adolescent Mental Health Division (CAMHD) have not been able to be filled. The reorganization for our division is still pending.

The variance in expenditures is due to the reduction in staff (resignations, retirements, and vacancies) and operating cost due to the ability to telework and reductions in other expenses associated with office operations.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 1. Service capacity remained relatively steady while the total number of youths increased.

Item 3. Planned was 4% and actual was 6%. Small population size, subject to large variance due to small numbers of youth in this area.

Item 4. Planned was 3% and actual was 4%. Small population size, subject to large variance due to small numbers of youth in this area.

Item 5. Planned was 1% and actual was 2%. Small population size, subject to large variance due to small numbers of youth in this area.

Item 6. The average length of stay of CAMHD youth in home-based therapy services was shorter than expected. Cases were being reviewed more regularly by our doctoral level clinicians who met with Care Coordinators to discuss progress. This led to closer scrutiny of progress being made and termination of services once goals were met. In addition to increased care coordination, earlier discharges were also likely due to COVID-19 concerns. We observed that families appeared less likely to continue services with workers in homes.

Item 7. Similarly, the length of stay of CAMHD youth in Therapeutic Foster Homes was shorter than expected. The increased clinical review of cases ensured that services ended and youth were returned to their families as soon as goals were met. Earlier discharges were also likely due to COVID-19's impact on the availability of services from Therapeutic Foster Homes.

Item 8. The length of stay of CAMHD youth in Community-Based Residential was also shorter than expected. The increased clinical review of cases ensured that services were ended and youth were returned to their families as soon as goals were met. Earlier discharges were likely due to COVID-19's impact of short-term Residential Crisis Stabilization Program services, which caused shorter lengths of stay. This is a positive variance.

Item 10. Small population size, subject to large variance due to small numbers of youth in this area. There are less than ten youth in this very high-intensity service.

### **PART III - PROGRAM TARGET GROUPS**

Item 1. The decrease in referrals for services is likely caused by COVID-19.

Item 2. The decrease in the number of youths with educationally-linked treatment could be due to the lack of youth being in school and not being identified for the need for services. Other causes for the decrease in numbers are most likely due to COVID-19 and youth taking part in virtual classes and not being in a school environment.

Item 3. CAMHD INSPIRE/MAX IT systems are much better able to identify detention facility youth than the old data system.

Item 4. CAMHD has been able to reach a large group of youth at a younger age, and there has been a possible demographic shift in the average age of youth being referred to CAMHD. This ongoing pattern in referrals is increasing demand for services.

## VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 03 04  
HTH 460

### **PROGRAM TITLE: CHILD & ADOLESCENT MENTAL HEALTH**

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Item 5. There has been a programmatic shift for more youth to receive joint-funded services, leveraging coordination with other State agencies and federal grants.

#### **PART IV - PROGRAM ACTIVITIES**

Item 1. The amount of money billed for contracted services was lower than projected due to significantly reduced intake referrals and youth in contracted services due to COVID-19.

Item 2. The reimbursement monies entered for Med-QUEST contracted services were less due to significantly reduced intake referrals and youth in contracted services due to COVID-19.

Item 3. The percentage of contracted service costs that were reimbursed increased due to improved oversight and collection.

Item 4. The total number of youths served by CAMHD was significantly reduced due to COVID-19, with many families not seeking services.

Item 5. The total number of youths served by contracted services was significantly reduced due to COVID-19. Many youths were not in Department of Education classrooms and not seen in other programs where youths could be referred for services.

PROGRAM TITLE:

DEVELOPMENTAL DISABILITIES

11/29/21

PROGRAM-ID:

HTH-501

PROGRAM STRUCTURE NO:

050305

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	197.75	176.75	- 21.00	11	197.75	169.75	- 28.00	14	197.75	200.75	+ 3.00	2
<b>EXPENDITURES (\$1000's)</b>	92,811	95,803	+ 2,992	3	24,116	24,535	+ 419	2	72,774	72,355	- 419	1
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	197.75	176.75	- 21.00	11	197.75	169.75	- 28.00	14	197.75	200.75	+ 3.00	2
<b>EXPENDITURES (\$1000's)</b>	92,811	95,803	+ 2,992	3	24,116	24,535	+ 419	2	72,774	72,355	- 419	1
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. % OF PERSONS WITH D/ID RCVNG DD SRVCS	13	11	- 2	15	13	11	- 2	15				
2. # PERSONS W/DD REMAING IN INSTIT (SMALL ICF/ID)	80	80	+ 0	0	80	80	+ 0	0				
3. # ADULTS CHOOSING THEIR OWN LIVING ARRANGEMENTS	2750	3155	+ 405	15	2760	3155	+ 395	14				
4. % ADULT FOSTER HOMES RECERTIFIED PRIOR TO EXP CERT	90	100	+ 10	11	90	90	+ 0	0				
5. % PERSONS IN HSH RECEIVING DENTAL TREATMENTS	95	95	+ 0	0	95	95	+ 0	0				
6. % PERCENT PERSONS WHO COMPLETE DENTAL TREATMENT	45	45	+ 0	0	45	45	+ 0	0				
<b>PART III: PROGRAM TARGET GROUP</b>												
1. # OF PERSONS SUBMTG APPLICATIONS EGBL FOR DD SRVCS	125	141	+ 16	13	125	125	+ 0	0				
2. # OF PEOPLE IN NEED OF NEUROTRAUMA SERVICES	575	575	+ 0	0	575	575	+ 0	0				
<b>PART IV: PROGRAM ACTIVITY</b>												
1. # UNDUPLICATED INDVDLS RCVNG STATE-FUNDED SUPPORTS	110	101	- 9	8	110	100	- 10	9				
2. # OF NEW APPLICANTS FOR DD SERVICES	200	225	+ 25	13	200	200	+ 0	0				
3. # OF PERSONS RECEIVING HCBS-DD/ID WAIVER	2850	3015	+ 165	6	2900	3050	+ 150	5				
4. % ADULT FOSTER HOMES RECERTIFIED FREE OF MED ERROR	90	98	+ 8	9	90	90	+ 0	0				
5. # OF ADULTS LIVING INDEPENDENTLY IN THEIR OWN HOME	110	146	+ 36	33	114	150	+ 36	32				
6. # OF PERSONS W/DD IN COMPETITIVE/SELF EMPLOYMENT	177	177	+ 0	0	177	175	- 2	1				
7. % ADVRS EVNT RPRTS W/PLAN TO PREVENT ADVERSE EVENT	95	97	+ 2	2	95	95	+ 0	0				
8. # OF PERSONS RECEIVING CASE MANAGEMENT SERVICES	3300	3851	+ 551	17	3300	3850	+ 550	17				
9. # PERSONS IN HSH RECEIVING DENTAL TREATMENT	240	130	- 110	46	240	140	- 100	42				
10. #PERSONS RECEIVING DENTAL TREATMENT AT DOH CLINICS	1450	1002	- 448	31	1450	1050	- 400	28				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 03 05  
HTH 501

## **PROGRAM TITLE: DEVELOPMENTAL DISABILITIES**

### **PART I - EXPENDITURES AND POSITIONS**

The variance in position counts for FY 21 is due to a freeze on recruitment per Executive Memorandum No. 21-01, a requirement to obtain the Governor's approval to fill positions, and an inability to fill five unfunded positions. The variance in position counts as of September 30, 2021, is due to a requirement to obtain the Director's approval to fill positions and an inability to fill five unfunded positions.

The expenditure variance for FY 21 is due to an increase in the Developmental Disabilities Medicaid Waiver Administrative Claiming Fund ceiling from \$900,000 to \$3,200,000.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 1. The variance for FY 21 is due to more participants being qualified for the Medicaid 1915(c) Home and Community-Based Services Waiver and able to access services to support a full life in the community instead of relying on 100% State-funded services. The trend is expected to continue through FY 22.

Item 3. The variance for FY 21 is due to more participants enrolling into Waiver services and being able to make their own choice to determine their living arrangements. The trend is expected to continue through FY 22.

Item 4. The variance for FY 21 is due to new procedures being implemented to address the timely certification process, which resulted in improved performance.

### **PART III - PROGRAM TARGET GROUPS**

Item 1. The variance for FY 21 is due to a statewide Medicaid enrollment increase of 31.2% between March 6, 2020 (327,119) and October 4, 2021 (429,240), and increased stakeholder engagement through community participation in Waiver service discussion and planning.

### **PART IV - PROGRAM ACTIVITIES**

Item 1. The variance for FY 21 was due to more participants being qualified for Waiver services and fewer people in the population requiring 100% State-funded services. The trend is expected to continue through FY 22.

Item 2. The variance for FY 21 is likely due to a statewide Medicaid enrollment increase of 31.2% between March 6, 2020 (327,119) and October 4, 2021 (429,240), due to the COVID-19 pandemic and increased stakeholder engagement through community participation in Waiver service discussion and planning.

Item 4. The variance for FY 21 is due to new policies and procedures to reduce medication errors and ensure the safe and proper administration of medications to participants living in Adult Foster Homes.

Item 5. The variances for FY 21 and FY 22 are due to more participants meeting their goals to live independently.

Item 8. The variance for FY 21 is due to more participants being qualified for Waiver services. The trend is expected to continue through FY 22.

Item 9. The variances for FY 21 and FY 22 are due to fewer persons in the Hawaii State Hospital (HSH) receiving dental treatment from the Developmental Disabilities Division. The number of persons receiving dental treatment depends on the number of HSH court-admitted patients.

Item 10. The variances for FY 21 and FY 22 are due to the vacancy of a Dentist and Dental Assistant positions, an abolished Dental Assistant position, and the COVID-19 pandemic, which decreased the clinics' operational capacity. The program is actively recruiting to fill the positions to be able to serve current and new patients; however, the program has been experiencing staff shortage and does not expect to be able to serve 1,450 patients a year.

# VARIANCE REPORT

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	39.50	30.50	- 9.00	23	39.50	27.00	- 12.50	32	39.50	39.50	+ 0.00	0
EXPENDITURES (\$1000's)	6,214	11,055	+ 4,841	78	1,569	2,200	+ 631	40	4,897	12,833	+ 7,936	162
TOTAL COSTS												
POSITIONS	39.50	30.50	- 9.00	23	39.50	27.00	- 12.50	32	39.50	39.50	+ 0.00	0
EXPENDITURES (\$1000's)	6,214	11,055	+ 4,841	78	1,569	2,200	+ 631	40	4,897	12,833	+ 7,936	162
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % PURCHASE-OF-SERVICE PROGRAMS MONITORED	100	100	+ 0	0	100	100	+ 0	0				
2. % OF GRANTS APPLIED FOR AND OBTAINED	100	83	- 17	17	100	100	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. RESIDENT POPULATION	1417000	1457000	+ 40000	3	1421000	1459000	+ 38000	3				
2. # PURCHASE-OF-SERVICE PROVIDERS	64	53	- 11	17	NO DATA	55	+ 55	0				
PART IV: PROGRAM ACTIVITY												
1. # PURCHASE-OF-SERVICE PROGRAMS TO BE MONITORED	64	53	- 11	17	NO DATA	55	+ 55	0				
2. # OF GRANT APPLICATIONS SUBMITTED	3	6	+ 3	100	2	2	+ 0	0				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 03 06  
HTH 495

## **PROGRAM TITLE: BEHAVIORAL HEALTH ADMINISTRATION**

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### **PART I - EXPENDITURES AND POSITIONS**

FY 21: At the end of the fiscal year, there were 9.00 vacant positions due to a hiring freeze. The expenditure variance is attributed to expenditures from non-appropriated federal funds.

FY 22: At the end of the 1st quarter, there were 12.50 vacant positions due to a hiring freeze. The expenditure variances are attributed to expenditures from non-appropriated federal funds.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 2. FY 21: The variance is the result of applying for, but not obtaining, a Community Mental Health Center federal grant.

### **PART III - PROGRAM TARGET GROUPS**

Item 2. FY 21 and FY 22: The variances are attributed to a decrease in the number of anticipated new purchase of service providers providing COVID-19-related services. The planned data for FY 22 should be 57.

### **PART IV - PROGRAM ACTIVITIES**

Item 1. FY 21 and FY 22: The variances are attributed to a decrease in the number of anticipated new providers providing COVID-19-related services. The planned data for FY 22 should be 57.

Item 2. FY 21: The variance is a result of applying for COVID-19-related federal grants.

# VARIANCE REPORT

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	276.80	218.40	- 58.40	21	274.80	213.40	- 61.40	22	274.80	262.40	- 12.40	5
EXPENDITURES (\$1000's)	29,714	27,714	- 2,000	7	8,097	5,872	- 2,225	27	23,445	25,521	+ 2,076	9
TOTAL COSTS												
POSITIONS	276.80	218.40	- 58.40	21	274.80	213.40	- 61.40	22	274.80	262.40	- 12.40	5
EXPENDITURES (\$1000's)	29,714	27,714	- 2,000	7	8,097	5,872	- 2,225	27	23,445	25,521	+ 2,076	9
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % FOOD SERVICE ESTABLISHMENTS THAT MEET STANDARDS	90	90	+ 0	0	85	90	+ 5	6				
2. % OF REQUESTS FOR SERVICES MET (STATE LAB SVCS)	100	100	+ 0	0	100	100	+ 0	0				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

**PROGRAM TITLE: ENVIRONMENTAL HEALTH**

**05 04**

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## **PART I - EXPENDITURES AND POSITIONS**

Specific variances are discussed in detail in the lowest level program narratives.

## **PART II - MEASURES OF EFFECTIVENESS**

No significant variances.

VARIANCE REPORT

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	161.00	126.00	- 35.00	22	160.00	121.00	- 39.00	24	160.00	152.00	- 8.00	5
<b>EXPENDITURES (\$1000's)</b>	12,247	10,502	- 1,745	14	3,005	2,319	- 686	23	9,454	9,991	+ 537	6
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	161.00	126.00	- 35.00	22	160.00	121.00	- 39.00	24	160.00	152.00	- 8.00	5
<b>EXPENDITURES (\$1000's)</b>	12,247	10,502	- 1,745	14	3,005	2,319	- 686	23	9,454	9,991	+ 537	6

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % OF SCHOOLS IN COMPLIANCE WITH AHERA (IRH)	85	78	- 7	8	90	85	- 5	6
2. % FOOD ESTABLISHMENTS RECEIVING "PASS" PLACARD	90	90	+ 0	0	85	90	+ 5	6
3. % FOOD ESTABMTS RCVG "CONDITIONAL PASS" PLACARD	10	10	+ 0	0	15	10	- 5	33
4. % FOOD ESTABLISHMENTS RECEIVING "CLOSED" PLACARD	1	1	+ 0	0	1	1	+ 0	0
5. % FARMS W/ VIOLATIVE PESTICIDE RESIDUES	10	11	+ 1	10	20	20	+ 0	0
6. % FOOD ESTABMTS W/RISK FACTORS FOODBORNE ILLNESS	10	10	+ 0	0	15	10	- 5	33
7. % AIR-CONDITIOND/VENTILATD FACILITIES IN COMPLIANC	80	88	+ 8	10	80	80	+ 0	0
8. % NOISE PERMITS IN COMPLIANCE (IRH)	99	100	+ 1	1	98	98	+ 0	0
9. % RADIATION FACILITIES IN COMPLIANCE (IRH)	70	76	+ 6	9	70	70	+ 0	0
10. % ASBESTOS RENOV/DEMO (NESHAP) PROJS IN COMPLIANCE	90	85	- 5	6	90	90	+ 0	0

<b>PART III: PROGRAM TARGET GROUP</b>								
1. # SCHLS REQUIRED TO IMPLMT ASBESTOS MGT PLAN (IRH)	431	431	+ 0	0	440	431	- 9	2
2. # FOOD ESTABLISHMENTS	10900	10900	+ 0	0	10000	10500	+ 500	5
3. POPULATION OF HAWAII	1300000	1400000	+ 100000	8	1300000	1400000	+ 100000	8
4. # TEMPORARY FOOD ESTABLISHMENT PERMITTEES	4500	1904	- 2596	58	5000	2500	- 2500	50
5. # FARMS WITH VIOLATIVE PESTICIDE RESIDUES	5	8	+ 3	60	20	20	+ 0	0
6. # LICENSED RADIOLOGIC TECHNOLOGISTS (IRH)	1500	1642	+ 142	9	1500	1500	+ 0	0
7. # TATTOO SHOPS	275	272	- 3	1	275	275	+ 0	0
8. # SITES WITH A NOISE PERMIT	450	507	+ 57	13	450	450	+ 0	0
9. # OF RADIATION FACILITIES (IRH)	1120	1120	+ 0	0	1100	1100	+ 0	0
10. # ASBESTOS RENOVATN/DEMOLITN (NESHAP) PROJS (IRH)	700	708	+ 8	1	700	700	+ 0	0

<b>PART IV: PROGRAM ACTIVITY</b>								
1. # INSPECTIONS OF AHERA SOURCES (IRH)	100	96	- 4	4	100	100	+ 0	0
2. # ROUTINE INSPECTIONS OF FOOD ESTABLISHMENTS	3800	10788	+ 6988	184	4500	11000	+ 6500	144
3. # FOOD SAFETY INSPECTIONS W/ 2/MORE MAJOR VIOLATNS	325	1068	+ 743	229	450	1100	+ 650	144
4. # AS-BUILT AC/VENTILATION INSPECTIONS (IRH)	50	46	- 4	8	60	60	+ 0	0
5. # FOOD PRODUCTS SAMPLED FOR PESTICIDE RESIDUE	240	232	- 8	3	400	240	- 160	40
6. # FOODBORNE ILLNESS INVESTIGATIONS CONDUCTED	50	68	+ 18	36	75	75	+ 0	0
7. # RADIOLOGIC TECHS AUDITD FOR LICENSURE COMPLIANCE	800	782	- 18	2	800	800	+ 0	0
8. # NOISE PERMIT INSPECTIONS (IRH)	1000	1034	+ 34	3	1100	1100	+ 0	0
9. # INSPECTIONS OF RADIATION FACILITIES (IRH)	225	236	+ 11	5	225	225	+ 0	0
10. # FOOD SAFETY CLASSES CONDUCTED	250	567	+ 317	127	350	350	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 04 01  
HTH 610

## **PROGRAM TITLE: ENVIRONMENTAL HEALTH SERVICES**

### **PART I - EXPENDITURES AND POSITIONS**

The variances in the number of positions filled for FY 21 and for the first three months of FY 22 are primarily due to the lengthy recruitment process and difficulty in filling positions as well as eight positions that are unfunded (salaries deleted by Act 9, SLH 2020). This was compounded by the hiring freeze that was implemented in FY 20 and continued through much of FY 21. A major reorganization of the Sanitation Branch (now Food Safety Branch) was completed in FY 20, but the seven new positions are still in the classification and establishment process.

For expenditures, the variance for FY 21 is primarily due to vacancy savings. The variance for the FY 22 1st quarter is due to vacancy savings and most of the restriction being applied to the 1st quarter. The variance for FY 22 2nd-4th quarters is due to the anticipated filling (and establishment and filling) of all funded positions.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 3. The variance for FY 22 is due to adjusting the estimated amount based on the FY 21 actual amount and anticipating that to continue. The program continues to focus on reducing risk factors.

Item 5. The increase in FY 21 is due to the resumption of the Oahu pesticide monitoring program since sampling was delayed in FY 20 due to the pandemic.

Item 6. The variance for FY 22 is due to adjusting the estimated amount based on the FY 21 actual amount and anticipating that to continue. The program continues to focus on reducing risk factors.

Item 7. Continued outreach efforts with the regulated community along with additional surveillance of the building permit process statewide (i.e., Fire, Food Safety, Department of Planning and Permitting, and other agencies) contributed to an increase in the compliance rate for FY 21.

### **PART III - PROGRAM TARGET GROUPS**

Item 4. The FY 21 variance is due to Mayoral and Gubernatorial Emergency Orders and Proclamations that limited the gathering of people because of the pandemic. This prevented issuance of Temporary Food Sale (Special Event) permits. The FY 22 variance is due to the same factors with a continuation of restrictions on these temporary food sales.

Item 5. The increase in FY 21 is due to the resumption of the Oahu pesticide monitoring program since sampling was delayed in FY 20 due to the pandemic.

Item 8. The variance in FY 21 is due to an increase in construction projects, commercial development, and construction activity outreach statewide.

### **PART IV - PROGRAM ACTIVITIES**

Item 2. The variance for both years is due to the increase in inspections done on Oahu due to changes in program expectation of employee quantity of work and changes in procedures that removed 25% of the workday from the office (two hours) for all of FY 21. Oahu staff no longer report to the office for two hours in the morning as was customary pre-pandemic. Food Safety staff now go straight into the field from home to start their workday. The number of inspections is expected to remain the same in FY 22 but is unpredictable due to the pandemic.

Item 3. The large variances correspond to the significant increase in the number of routine inspections done, which resulted in more inspections where major violations were found. The number is expected to be similar in FY 22 but is unpredictable due to the pandemic.

Item 5. The decrease in FY 22 is due to the Food and Drug Branch's reestablishment as a standalone program and the resumption of the pesticide monitoring program for Oahu only. Produce sampling on the neighbor islands will be considered as the program develops a statewide strategic plan.

## VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 04 01  
HTH 610

### **PROGRAM TITLE: ENVIRONMENTAL HEALTH SERVICES**

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Item 6. The variance for FY 21 may be due to the large increase in the number of diners in FY 21 as compared to FY 20 when many food establishments had to close because of the pandemic restrictions. As the public has become keenly focused on hand washing and COVID-19, the number of food illness investigations has been markedly reduced as pre-pandemic numbers were historically above 200 per year, as most of these illnesses are spread due to lack of proper handwashing and personal hygiene. It is very difficult to predict communicable disease numbers in the face of an ever-changing and novel pandemic.

Item 10. The large variance is due to changes made in 2018 for the planned numbers. Since 2018, the number of classes held increased dramatically from about 150 in FY 17 to 447 in FY 18 and then to 462 in FY 19 due to the legally mandatory requirement for the industry to obtain food safety education that began in FY 18 and changes in registration from manual scheduling to using online class scheduling. In FY 20, only 252 classes were held, due to the COVID-19 pandemic curtailing the classes in the last third of FY 20. In FY 21, more food establishments reopened, which created increased registration numbers for food safety classes.

PROGRAM TITLE:

STATE LABORATORY SERVICES

11/29/21

PROGRAM-ID:

HTH-710

PROGRAM STRUCTURE NO:

050402

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	73.00	59.00	- 14.00	19	72.00	59.00	- 13.00	18	72.00	72.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	9,230	8,409	- 821	9	2,752	2,106	- 646	23	6,970	7,616	+ 646	9
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	73.00	59.00	- 14.00	19	72.00	59.00	- 13.00	18	72.00	72.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	9,230	8,409	- 821	9	2,752	2,106	- 646	23	6,970	7,616	+ 646	9
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. % OF FALSE POSITIVE LAB TEST RESULTS	0	0	+ 0	0	0	0	+ 0	0	0	0	+ 0	0
2. % OF FALSE NEGATIVE LAB TEST RESULTS	0	0	+ 0	0	0	0	+ 0	0	0	0	+ 0	0
3. % OF REQUESTS FOR SERVICES MET	100	100	+ 0	0	100	100	+ 0	0	100	100	+ 0	0
4. % PROFICIENCY TESTS PERFRMD MEETG PROFICIENCY STDS	100	100	+ 0	0	100	100	+ 0	0	100	100	+ 0	0
<b>PART III: PROGRAM TARGET GROUP</b>												
1. OTHER DEPARTMENT OF HEALTH PROGRAMS	9	9	+ 0	0	9	9	+ 0	0	9	9	+ 0	0
2. OTHER GOVERNMENT AGENCIES	7	7	+ 0	0	7	7	+ 0	0	7	7	+ 0	0
3. # OF CLINICAL LAB PERSONNEL APPLYING FOR LICENSURE	130	142	+ 12	9	150	140	- 10	7	150	140	- 10	7
4. # OF LICENSED CLINICAL LABORATORY PERSONNEL	1450	1489	+ 39	3	1650	1500	- 150	9	1650	1500	- 150	9
5. # OF LABS PERFORMING CLINICAL DIAGNOSTIC TESTING	780	780	+ 0	0	780	780	+ 0	0	780	780	+ 0	0
6. # OF LABS PERFORMING SUBSTANCE ABUSE TESTING	2	2	+ 0	0	2	2	+ 0	0	2	2	+ 0	0
7. # OF LABS PERFORMING ENVIRONMENTAL TESTING	16	16	+ 0	0	16	16	+ 0	0	16	16	+ 0	0
8. # OF LABS PERFORMING MEDICAL MARIJUANA TESTING	4	5	+ 1	25	4	5	+ 1	25	4	5	+ 1	25
<b>PART IV: PROGRAM ACTIVITY</b>												
1. DRINKING WATER (WORK TIME UNITS)	362000	383621	+ 21621	6	360000	360000	+ 0	0	360000	360000	+ 0	0
2. WATER POLLUTION (WORK TIME UNITS)	382000	446259	+ 64259	17	380000	380000	+ 0	0	380000	380000	+ 0	0
3. SEXUALLY TRANSMITTED DISEASE (WORK TIME UNITS)	272000	202960	- 69040	25	NO DATA	275000	+ 275000	0	NO DATA	275000	+ 275000	0
4. OTHER COMMUNICABLE DISEASES (WORK TIME UNITS)	655000	638280	- 16720	3	NO DATA	655000	+ 655000	0	NO DATA	655000	+ 655000	0
5. FOOD AND DRUGS (WORK TIME UNITS)	372300	330809	- 41491	11	NO DATA	372300	+ 372300	0	NO DATA	372300	+ 372300	0
6. AIR POLLUTION (WORK TIME UNITS)	889000	700979	- 188021	21	NO DATA	889000	+ 889000	0	NO DATA	889000	+ 889000	0
7. # OF LABORATORY INSPECTIONS	36	33	- 3	8	NO DATA	36	+ 36	0	NO DATA	36	+ 36	0
8. # OF LAB PERSONNEL RECEIVING FORMAL LAB TRAINING	110	104	- 6	5	NO DATA	110	+ 110	0	NO DATA	110	+ 110	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 04 02  
HTH 710

## **PROGRAM TITLE: STATE LABORATORY SERVICES**

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### **PART I - EXPENDITURES AND POSITIONS**

The variance in positions and expenditures in FY21 is due to the hiring freeze during the pandemic and difficulty recruiting and finding eligible candidates. Also, staff reaching retirement age and/or choosing to retire due to budget cuts and the pandemic. Also, the variance in expenditures is due to slower spending since programs were told to keep expenditures to a minimum. Some equipment purchases were postponed due to the pandemic.

The position variance in 3 months ended 9-30-21 is due to the slow approval and recruitment process and lack of qualified candidates.

The expenditure variance in the 3 months ended 9-30-21 is due to unfilled general and federal funded positions.

### **PART II - MEASURES OF EFFECTIVENESS**

No significant variances.

### **PART III - PROGRAM TARGET GROUPS**

Item 8. The increase is due to the opening of a new cannabis testing lab in Hilo, Hawaii.

### **PART IV - PROGRAM ACTIVITIES**

Item 2. Water pollution work time units (WTU) increased 17% due to increased beach samples being delivered to the laboratory and the end of the beach lock down during the pandemic.

Item 3. Sexually transmitted disease WTU decreased due to the pandemic. Less samples were submitted during this time.

Item 5. Food and drug WTU decreased due to less samples being submitted due to the pandemic. Shellfish sampling stopped during the pandemic and restarted slowly. There is also a food delivery staffing shortage.

Item 6. The decrease is due to less staff available and able to travel to perform testing during the pandemic and the removal of sites.

Items 3-8. FY22 planned data should match the corresponding estimated data.

PROGRAM TITLE:

HEALTH CARE ASSURANCE

11/29/21

PROGRAM-ID:

HTH-720

PROGRAM STRUCTURE NO:

050403

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
<b>PART I: EXPENDITURES &amp; POSITIONS</b>															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	42.80	33.40	-	9.40	22	42.80	33.40	-	9.40	22	42.80	38.40	-	4.40	10
EXPENDITURES (\$1000's)	8,237	8,803	+	566	7	2,340	1,447	-	893	38	7,021	7,914	+	893	13
TOTAL COSTS															
POSITIONS	42.80	33.40	-	9.40	22	42.80	33.40	-	9.40	22	42.80	38.40	-	4.40	10
EXPENDITURES (\$1000's)	8,237	8,803	+	566	7	2,340	1,447	-	893	38	7,021	7,914	+	893	13
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % FACILITIES MTG MINIMUM LICENSURE/CERTIFICATN REQ	100	100	+	0	0	100	100	+	0	0	100	100	+	0	0
2. % OF UNLICENSED SETTINGS BROUGHT INTO COMPLIANCE	100	95	-	5	5	100	100	+	0	0	100	100	+	0	0
3. % COMPLAINTS INVESTGTD & CORRECTV ACTION COMPLETED	100	96	-	4	4	100	100	+	0	0	100	100	+	0	0
PART III: PROGRAM TARGET GROUP															
1. HOSPITALS AND CRITICAL ACCESS HOSPITALS	28	29	+	1	4	28	29	+	1	4	28	29	+	1	4
2. SKILL NURS(SNF), INTERM CARE FAC (ICF) AND ICF-ID	48	63	+	15	31	48	60	+	12	25	48	60	+	12	25
3. ADULT RESIDENTIAL/FOSTER/COMMUNITY HOMES/DAY CARE	1790	1788	-	2	0	1790	1788	-	2	0	1790	1788	-	2	0
4. ESRD AND HOSPICE FACILITIES AND AGENCIES	47	43	-	4	9	47	43	-	4	9	47	43	-	4	9
5. SPCL TREATMENT FACILITIES/THERAPEUTIC LIVING PROGS	35	35	+	0	0	35	35	+	0	0	35	35	+	0	0
6. CASE MGMT AGENCIES AND DIETICIANS	155	212	+	57	37	155	210	+	55	35	155	210	+	55	35
7. CLINICAL LABORATORIES	782	782	+	0	0	782	782	+	0	0	782	782	+	0	0
8. HOME HLTH AGENCIES/HOME CARE AGENCIES	75	75	+	0	0	75	75	+	0	0	75	75	+	0	0
9. AMBULATORY SURGICAL CENTERS	23	23	+	0	0	23	23	+	0	0	23	23	+	0	0
PART IV: PROGRAM ACTIVITY															
1. NUMBER OF STATE LICENSING SURVEYS	2060	1985	-	75	4	2060	2084	+	24	1	2060	2084	+	24	1
2. NUMBER OF MEDICARE CERTIFICATION SURVEYS	100	134	+	34	34	100	105	+	5	5	100	105	+	5	5
3. NUMBER OF STATE COMPLAINT INVESTIGATIONS	70	231	+	161	230	70	242	+	172	246	70	242	+	172	246
4. NUMBER OF FEDERAL COMPLAINT INVESTIGATIONS	100	36	-	64	64	100	36	-	64	64	100	36	-	64	64
5. NUMBER OF INVESTIGATIONS OF UNLICENSED ACTIVITIES	25	51	+	26	104	25	53	+	28	112	25	53	+	28	112

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 04 03  
HTH 720

## **PROGRAM TITLE: HEALTH CARE ASSURANCE**

### **PART I - EXPENDITURES AND POSITIONS**

#### POSITIONS:

In FY 21, the Office of Health Care Assurance (OHCA) was unable to fill 4.40 positions that were impacted by the general fund budget cuts. In addition, four employees retired and one employee resigned in FY 21. To meet the statutory mandatory and complete federal certification workload obligated under the agreement with the U.S. Secretary of Health and Human Services, OHCA entered into a contract with Healthcare Management Solutions, LLC, to provide its qualified professional surveyors to conduct federal surveys and certifications of Medicare-eligible healthcare facilities and a separate contract with a staffing agency to provide clerical staff who provide clerical administrative support to the surveyors and OHCA's licensing efforts.

The 4.40 unfunded positions impacted by the budget cuts will not be filled in FY 22. OHCA submitted a supplemental budget request to fund the positions with OHCA special funds in FY 23. This funding will allow OHCA to fill the 4.40 positions in FY 23.

Three employees resigned in the 1st quarter of FY 22. In the 2nd quarter of FY 22, OHCA expects to fill the 2.00 positions that were vacant from FY 21. OHCA expects to fill all vacant positions in the 3rd and 4th quarters of FY 22.

#### EXPENDITURES:

Expenditures incurred before FY 21 were paid in FY 21. As a result, the actual expenditures in FY 21 were higher than the amount budgeted in FY 21.

The expenditures in the 1st quarter of FY 22 are less than the budget due to the delay in contract encumbrance. OHCA expects to encumber and pay the contract cost in the remaining quarters of FY 22.

### **PART II - MEASURES OF EFFECTIVENESS**

OHCA has met its goals and expectations. At the end of FY 21, for Items 2 and 3, two cases were pending a court hearing before unlicensed settings could be counted as completed and brought into compliance.

### **PART III - PROGRAM TARGET GROUPS**

Item 2: Inadvertently excluded in the FY 2019-20 Variance Report were 17 Intermediate Care Facilities for Individuals with Intellectual Disabilities. The previous number only included skilled nursing facilities (SNF). The number in FY 22 is expected to be lower than FY 21 since three SNFs are no longer considered SNFs since they converted their SNF beds to acute-SNF swing beds and included those swing beds under their current respective hospital licenses.

Item 6: The licensed dietitian number unexpectedly increased in FY 21. The number in FY 22 is expected to slightly decrease from FY 21.

### **PART IV - PROGRAM ACTIVITIES**

Item 2: The number of federal Medicare certification surveys increased in FY 21 due to additional federally mandated focused infection control (FIC) surveys on each SNF as part of the effort to fight COVID-19 and that were required by the U.S. Centers for Medicare & Medicaid Services. In FY 22, the FIC surveys are only required if SNFs show significant outbreaks in COVID-19 cases among staff and/or residents. As a result, FIC surveys will be conducted only on an as-needed basis, and this cannot be predicted or planned for.

Item 3: Complaints are difficult to plan for. OHCA has received more complaints than anticipated, likely due to heightened public expectations and media attention. The number of complaint investigations is expected to continue to increase in FY 22.

Item 4: Complaints are difficult to plan for. Fewer complaint investigations of Medicare-eligible health care facilities were done in FY 21. OHCA estimates to conduct 36 complaint investigations in FY 22.

## VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 04 03  
HTH 720

### **PROGRAM TITLE: HEALTH CARE ASSURANCE**

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Item 5: OHCA has conducted more investigations of unlicensed activities in FY 21 due to the increase in complaints from the public on possible illegal care home operations. The complaints have continued to increase, so the number of investigations of unlicensed activities will continue to increase in FY 22. OHCA contracted with the Department of the Attorney General's Investigations Office to assist in conducting complaint investigations with the Department of Health's OHCA due to the increased workload and to ensure thorough and objective investigations.

# VARIANCE REPORT

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	190.00	147.50	- 42.50	22	190.00	149.00	- 41.00	22	190.00	178.00	- 12.00	6
<b>EXPENDITURES (\$1000's)</b>	19,431	101,080	+ 81,649	420	4,825	4,137	- 688	14	14,576	15,429	+ 853	6
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	190.00	147.50	- 42.50	22	190.00	149.00	- 41.00	22	190.00	178.00	- 12.00	6
<b>EXPENDITURES (\$1000's)</b>	19,431	101,080	+ 81,649	420	4,825	4,137	- 688	14	14,576	15,429	+ 853	6
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. % CERTIF OF NEED APPLIC DOCUMTNG RELATION TO HSFP	95	95	+ 0	0	NO DATA	95	+ 95	0				
2. % OF STRATEGIES COMPLETED IN HAWAII STATE DD PLAN	95	95	+ 0	0	75	95	+ 20	27				

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

**PROGRAM TITLE: OVERALL PROGRAM SUPPORT**

**05 05**

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## **PART I - EXPENDITURES AND POSITIONS**

Specific variances are discussed in detail in the lowest level program narratives.

## **PART II - MEASURES OF EFFECTIVENESS**

Item 1. Due to SHPDA being placed on program review, no data was available under the planned column. SHPDA is now back to normal operations.

Item 2. The FY 22 variance is due to the COVID-19-related activities added to the State plan.

# VARIANCE REPORT

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	6.00	5.00	- 1.00	17	6.00	6.00	+ 0.00	0	6.00	6.00	+ 0.00	0
EXPENDITURES (\$1000's)	590	347	- 243	41	148	111	- 37	25	442	479	+ 37	8
TOTAL COSTS												
POSITIONS	6.00	5.00	- 1.00	17	6.00	6.00	+ 0.00	0	6.00	6.00	+ 0.00	0
EXPENDITURES (\$1000's)	590	347	- 243	41	148	111	- 37	25	442	479	+ 37	8

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % CERTIF OF NEED APPL DOCUMNTNG RELATIN TO HSFP	95	95	+ 0	0	NO DATA	95	+ 95	0
2. % OF CON APPL APPRVD BASED ON FINDGS REL TO HSFP	85	85	+ 0	0	NO DATA	85	+ 85	0
3. % SHCC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL	25	25	+ 0	0	NO DATA	25	+ 25	0
4. % SHCC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP	30	25	- 5	17	NO DATA	30	+ 30	0
5. % SAC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL	35	30	- 5	14	NO DATA	35	+ 35	0
6. % SAC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP	35	30	- 5	14	NO DATA	35	+ 35	0
7. PERCENT OF PREVIOUS YEAR'S CON APPROVALS MONITORED	100	100	+ 0	0	NO DATA	100	+ 100	0
8. % HTH CARE FAC SUBM SEMI-ANN REPTS W/IN SPCFD TIME	95	95	+ 0	0	NO DATA	95	+ 95	0
9. % USRS RATG SEMI-ANN REPTS AS HELPFUL/VERY HELPFUL	90	90	+ 0	0	NO DATA	90	+ 90	0
10. NUMBER OF SPECIAL REPORTS PUBLISHED	2	2	+ 0	0	NO DATA	2	+ 2	0

<b>PART III: PROGRAM TARGET GROUP</b>								
1. ALL THE PEOPLE OF THE STATE OF HAWAII	1275	1460	+ 185	15	NO DATA	1460	+ 1460	0
2. VOLUNTEERS INVOLVED IN SHCC/SUB-AREA COUNCILS	140	130	- 10	7	NO DATA	140	+ 140	0
3. PUBLIC AND PRIVATE HEALTH CARE SERVICE PROVIDERS	85	85	+ 0	0	NO DATA	85	+ 85	0
4. HEALTH CARE RESEARCHERS, DEVELOPERS AND ANALYSTS	35	35	+ 0	0	NO DATA	35	+ 35	0
5. HEALTH CARE FOCUSED ASSOCIATIONS	12	12	+ 0	0	NO DATA	12	+ 12	0

<b>PART IV: PROGRAM ACTIVITY</b>								
1. PLNNG, RESEARCH & REVIEW ACTIV (PROF PERSON DAYS)	790	790	+ 0	0	NO DATA	790	+ 790	0
2. DATA MANAGEMENT ACTIVITIES (PROF PERSON DAYS)	212	212	+ 0	0	NO DATA	212	+ 212	0
3. HSHCC & SAC SUPPORT & TRAINING (PROF PERSON DAYS)	225	225	+ 0	0	NO DATA	225	+ 225	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 05 01  
HTH 906

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**PROGRAM TITLE: STATE HEALTH PLNG & DVLPMNT AGENCY**

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**PART I - EXPENDITURES AND POSITIONS**

The variances for positions and expenditures in FY 21 and the first quarter of FY 22 are due to the vacant Comprehensive Health Planning position and fewer number of Subarea Health Planning Council (SAC) and Statewide Health Coordinating Council (SHCC) meetings.

**PART II - MEASURES OF EFFECTIVENESS**

Item 4. The variance of 17% in FY 21 is due to a decrease in the proportion of time spent on Health Services and Facilities Plan (HSFP) deliberations due to a lesser number of SHCC meetings and more time spent on Certificate of Need (CON) applications. For FY 22, due to the State Health Planning and Development Agency (SHPDA) being placed on program review, no data was available under the planned column. SHPDA is now back to normal operations.

Item 5. The variance of 14% in FY 21 is due to a decrease in the number of standard CON applications and fewer SAC meetings. For FY 22, due to SHPDA being placed on program review, no data was available under the planned column. SHPDA is now back to normal operations.

Item 6. The variance of 14% in FY 21 is due to fewer SAC meetings and less time in reviewing HSFP. For FY 22, due to SHPDA being placed on program review, no data was available under the planned column. SHPDA is now back to normal operations.

**PART III - PROGRAM TARGET GROUPS**

Item 1. The variance of 15% in FY 21 is due to an increase in Hawaii's population based on U.S. Census data. For FY 22, due to SHPDA being placed on program review, no data was available under the planned column. SHPDA is now back to normal operations.

**PART IV - PROGRAM ACTIVITIES**

No significant variances for FY 21. For FY 22, due to SHPDA being placed on program review, no data was available under the planned column. SHPDA is now back to normal operations.

PROGRAM TITLE:

HEALTH STATUS MONITORING

11/29/21

PROGRAM-ID:

HTH-760

PROGRAM STRUCTURE NO:

050502

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
<b>PART I: EXPENDITURES &amp; POSITIONS</b>															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	37.50	23.00	-	14.50	39	37.50	25.50	-	12.00	32	37.50	25.50	-	12.00	32
EXPENDITURES (\$1000's)	2,239	2,123	-	116	5	591	365	-	226	38	1,774	2,000	+	226	13
TOTAL COSTS															
POSITIONS	37.50	23.00	-	14.50	39	37.50	25.50	-	12.00	32	37.50	25.50	-	12.00	32
EXPENDITURES (\$1000's)	2,239	2,123	-	116	5	591	365	-	226	38	1,774	2,000	+	226	13
	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % VITAL RECORDS ISSUED WITHIN 10 DAYS FROM REQUEST	50	46	-	4	8	75	55	-	20	27					
2. % TARGETED RESEARCH OR STATISTICS REPORTS DISSEM	80	77	-	3	4	80	80	+	0	0					
3. MORTALITY RATE (PER THOUSAND)	8	8	+	0	0	8	8	+	0	0					
4. AVERAGE LIFE SPAN OF RESIDENTS	82.4	82	-	0.4	0	82.4	82	-	0.4	0					
PART III: PROGRAM TARGET GROUP															
1. DEPARTMENT OF HEALTH PROGRAMS	87	85	-	2	2	87	85	-	2	2					
2. HAWAIIANS AND OTHER ETHNIC GROUPS	1412000	1460000	+	48000	3	1440000	1460000	+	20000	1					
3. VITAL EVENT REGISTRANTS	71400	71000	-	400	1	75000	75000	+	0	0					
4. ADULT POPULATION 18 AND OVER	1120000	1140000	+	20000	2	1130000	1130000	+	0	0					
PART IV: PROGRAM ACTIVITY															
1. # OF MAJOR HEALTH STATISTICS REQUESTS FULFILLED	85	82	-	3	4	85	85	+	0	0					
2. # OF VITAL EVENTS REGISTERED	52400	42800	-	9600	18	55000	52000	-	3000	5					
3. # OF VITAL RECORD CERTIFICATES ISSUED	300000	275000	-	25000	8	275000	30000	-	245000	89					
4. # NEW DATA SETS/STAT ITEMS DISSEM ELECTRONICALLY	6	6	+	0	0	6	8	+	2	33					

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 05 02  
HTH 760

## **PROGRAM TITLE: HEALTH STATUS MONITORING**

### **PART I - EXPENDITURES AND POSITIONS**

The \$116,000 variance in FY 21 expenditures is due to the inability to hire staff due to the department-wide freeze of hiring new employees. With previous retirements and transfers, HTH 760 is understaffed and is waiting to hire needed staff when allowed.

For the first three months ending September 30, 2021, actual expenses for HTH 760 were greater than 10% due to measures to drastically reduce or postpone required expenses in anticipation of budget shortfalls during this time period.

However basic operating expenses of HTH 760 that involve the generation of certified copies of birth, civil union, marriage, and death during FY 21 and the COVID-19 pandemic have drastically increased such as plain printer paper, green security paper for certified copies, printer toner, printer maintenance and/or replacement, pre-printed envelopes for mailing, postage services, and copying services. The Issuance Section in the Office of Health Status Monitoring that processes these vital records orders in Kinau Hale are also responsible to pay for air conditioner maintenance services for required air conditioners not covered by the Department of Accounting and General Services. Personal protective equipment needs to be constantly replaced and is required for worker protection and will be covered in operating expenses.

For the nine months ending June 30, 2022, HTH 760 expects to cover these increased expenses with expenditures greater than budgeted, resulting in an expected variance over 10%

Just prior and then during the COVID-19 pandemic, numerous staff members retired or left HTH 760 and those positions were not filled due to budgetary constraints. Some temporary staff, either from temp agencies or 89-day hires, were available during the interim to help address HTH 760's staff shortfall. With a budgeted 37.50 full-time equivalent (FTE) positions, most of FY 21 was down to 23.00 FTEs until 9/2021 where it is now at 25.50 FTEs. Current HTH 760 staffing levels are not adequate, creating tremendous strain on current staff with

possible additional retirements or transfers in the near future. To provide HTH 760 sustainability and to prevent major breaks in vital records services, hiring staff will be required in the nine months ending June 30, 2022, that could create a variance over 10%. However due to continued budgetary issues, HTH 760 might not be able to financially cover hiring new full-time permanent HTH 760 staff.

### **PART II - MEASURES OF EFFECTIVENESS**

No significant variances.

### **PART III - PROGRAM TARGET GROUPS**

No significant variances.

### **PART IV - PROGRAM ACTIVITIES**

Item 2. During the COVID-19 pandemic, with travel and/or other restrictions, the number of marriages registered in the State of Hawaii during FY 21 was significantly reduced creating a decrease in registration of vital events from the previous year. It is anticipated that travel restrictions will be reduced and the number of marriages registered in Hawaii for both residents and out-of-state visitors will return closer to pre-COVID-19 pandemic levels.

# VARIANCE REPORT

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
<b>PART I: EXPENDITURES &amp; POSITIONS</b>															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	7.50	6.50	-	1.00	13	7.50	6.50	-	1.00	13	7.50	7.50	+	0.00	0
EXPENDITURES (\$1000's)	752	697	-	55	7	190	179	-	11	6	571	582	+	11	2
TOTAL COSTS															
POSITIONS	7.50	6.50	-	1.00	13	7.50	6.50	-	1.00	13	7.50	7.50	+	0.00	0
EXPENDITURES (\$1000's)	752	697	-	55	7	190	179	-	11	6	571	582	+	11	2

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22					
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%		
<b>PART II: MEASURES OF EFFECTIVENESS</b>										
1. % ACTIV COMPLTD W/IN ESTAB TMEFRM HI STATE DD PLAN	95	95	+	0	0	75	95	+	20	27
2. % CONSUMER SATISFACTION SURVEYS W/SATISFACTION	90	90	+	0	0	90	90	+	0	0

<b>PART III: PROGRAM TARGET GROUP</b>										
1. ESTIMATE OF PREVALENCE OF INDIVIDUALS W/DEV. DIS.	22555	22555	+	0	0	22619	22120	-	499	2
2. FAMILIES OF INDIVIDUALS WITH DEV. DISABILITIES	22555	22555	+	0	0	22619	22120	-	499	2
3. DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS	70	70	+	0	0	70	70	+	0	0

<b>PART IV: PROGRAM ACTIVITY</b>										
1. # PUB. AWARENESS/ED/TRNG ACT COORD/CONDTD/CO-SPNRD	25	1454	+	1429	5716	25	140	+	115	460
2. # INDIVIDUALS W/DD & FAMILY MEMBERS PARTICIPATING	5000	5000	+	0	0	1000	5000	+	4000	400
3. # OF SYSTEMS CHANGE ACTIVITIES	20	1520	+	1500	7500	10	300	+	290	2900
4. # LEG MEASURES MONITORED, TRACKED, &PRVD TESTIMONY	20	115	+	95	475	20	35	+	15	75
5. # COUNTY, FED, STATE POLICIES PROVD COMMENT/RMMNS	5	9	+	4	80	5	5	+	0	0
6. # OF CMMNTY ADVISORY GRPS, COALITIONS, ETC PARTICD	100	1058	+	958	958	100	100	+	0	0
7. # INDIVIDUALS W/DD PRTCNG IN SELF-ADVCY ACTIVITIES	1000	3256	+	2256	226	1000	3500	+	2500	250

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 05 03  
HTH 905

## **PROGRAM TITLE: DEVELOPMENTAL DISABILITIES COUNCIL**

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### **PART I - EXPENDITURES AND POSITIONS**

Expenditures: No significant variances.

Positions: The variance is due to a vacancy for one position - the Program Specialist IV on Maui Island. On June 18, 2021, we received the Governor's approval to fill the position. We requested to fill this position simultaneously (internal and external). We are awaiting a recruitment listing from the Human Resources Office. The position is projected to be filled by December 30, 2021.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 1. The FY 22 variance is due to the COVID-19-related activities added to the State plan.

### **PART III - PROGRAM TARGET GROUPS**

No significant variances.

### **PART IV - PROGRAM ACTIVITIES**

Item 1. In FY 21 and FY 22, the variance is due to an increase in the Council staff's involvement with activities, presentations, and training regarding self-advocacy, self-determination, Feeling Safe Being Safe, transition from high school, and individuals/family members participating in the neighbor island Developmental Disabilities (DD) Committees and Self Advocacy Advisory Council.

Item 2. The FY 22 variance is due to the increase in Council activities and trainings (including COVID-19-related topics) for individuals with intellectual and developmental disabilities and their families to participate in.

Item 3. In FY 21 and FY 22, the variance is due to the change in how the data for systems change activities are being collected.

Item 4. In FY 21 and FY 22, the variance is due to an increase in DD-related legislative measures (including COVID-19 measures) that were introduced in FY 21 and will be introduced in FY 22.

Item 5. In FY 21 and FY 22, the variance is due to the Council providing direct comments and recommendations to national policies. They were provided through the Council's national organization.

Item 6. In FY 21, the variance is due to an increase of Community Advisory Groups and Coalitions for COVID-19-related topics.

Item 7. In FY 21 and FY 22, the variance is due to an increase in self-advocacy trainings and the number of individuals with DD who participated in the trainings (Feeling Safe Being Safe, mentoring, healthy living, etc.).

PROGRAM TITLE: GENERAL ADMINISTRATION

PROGRAM-ID: HTH-907

PROGRAM STRUCTURE NO: 050504

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	134.00	109.00	- 25.00	19	134.00	107.00	- 27.00	20	134.00	134.00	+ 0.00	0
EXPENDITURES (\$1000's)	15,381	97,478	+ 82,097	534	3,804	3,413	- 391	10	11,412	11,968	+ 556	5
TOTAL COSTS												
POSITIONS	134.00	109.00	- 25.00	19	134.00	107.00	- 27.00	20	134.00	134.00	+ 0.00	0
EXPENDITURES (\$1000's)	15,381	97,478	+ 82,097	534	3,804	3,413	- 391	10	11,412	11,968	+ 556	5

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % ADMIN COSTS IN RELATION TO TOTAL DEPT COST	1	1	+ 0	0	1	1	+ 0	0
2. # ADMIN BILLS ENACTED	10	6	- 4	40	10	10	+ 0	0
3. % OF KEY COMM STAKHLDRS ENGAGE IN PHP OR ER ACT	62	92	+ 30	48	62	92	+ 30	48

<b>PART III: PROGRAM TARGET GROUP</b>								
1. STATEWIDE POPULATION (THOUSANDS)	1577	1455	- 122	8	1577	1455	- 122	8
2. # OF PROGRAMS & ATTACHED AGENCIES	25	24	- 1	4	25	24	- 1	4
3. # AUTHORIZED POSITIONS (PERM & TEMP)	3260	3148	- 112	3	3260	3148	- 112	3
4. # OF KEY COMMUN STAKEHLDRS FOR PHP AND EMERG RESPO	65	65	+ 0	0	65	65	+ 0	0

<b>PART IV: PROGRAM ACTIVITY</b>								
1. # LEG PROPOSALS TRACKED FOR INFO OR TESTIMONY	1200	1300	+ 100	8	1200	1200	+ 0	0
2. # ADMIN BILLS INTRODUCED TO BOTH HOUSE & SENATE	25	20	- 5	20	25	25	+ 0	0
3. # KEY COMMUN STAKHLDRS ENGAG 1+ PHP OR ER ACTIVI	40	60	+ 20	50	40	60	+ 20	50

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 05 04  
HTH 907

## **PROGRAM TITLE: GENERAL ADMINISTRATION**

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### **PART I - EXPENDITURES AND POSITIONS**

FY 21: At the end of the fiscal year, there were 25.00 vacant positions in HTH 907. The expenditures variance at the end of the 4th quarter is due to expenditures from non-appropriated Coronavirus Relief Funds.

FY 22: At the end of the 1st quarter, there were 27.00 vacant positions in HTH 907. The expenditure variance for the first quarter is due to vacancy savings.

social distancing, wearing masks, washing hands, staying home if sick, etc. Stakeholders also engaged in response efforts including supporting vaccination and testing sites, volunteering to provide wraparound services for those in isolation/quarantine, supporting healthcare workers, and many more activities across the State.

### **PART II - MEASURES OF EFFECTIVENESS**

Item 2. For FY 21, for bills enacted, the variance is explained by the pandemic where public health policy bills not related to the pandemic and financial crisis were not prioritized by the Legislature.

Item 3. For FY 21 and FY 22, the percentage of key community stakeholders engaged in public health preparedness (PHP) or emergency response (ER) activities increased significantly during the COVID-19 pandemic. Stakeholders participated in planning, prevention and mitigation actions, community outreach/education, vaccination, testing, and other response efforts.

### **PART III - PROGRAM TARGET GROUPS**

No significant variances.

### **PART IV - PROGRAM ACTIVITIES**

Item 2. For FY 21, for bills introduced, the variance is due to evolving priorities of the Director of Health and Governor each year and how the Administrative Package of bills responds to the public health needs of the day.

Item 3. For FY 21 and FY 22, the number of key community stakeholders engaged in one or more PHP or ER activities increased significantly during the COVID-19 pandemic. Stakeholders engaged in outreach and education to members and the community about prevention measures -

PROGRAM TITLE:

OFFICE OF LANGUAGE ACCESS

11/29/21

PROGRAM-ID:

HTH-908

PROGRAM STRUCTURE NO:

050505

	FISCAL YEAR 2020-21				THREE MONTHS ENDED 09-30-21				NINE MONTHS ENDING 06-30-22			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	5.00	4.00	- 1.00	20	5.00	4.00	- 1.00	20	5.00	5.00	+ 0.00	0
EXPENDITURES (\$1000's)	469	435	- 34	7	92	69	- 23	25	377	400	+ 23	6
TOTAL COSTS												
POSITIONS	5.00	4.00	- 1.00	20	5.00	4.00	- 1.00	20	5.00	5.00	+ 0.00	0
EXPENDITURES (\$1000's)	469	435	- 34	7	92	69	- 23	25	377	400	+ 23	6

	FISCAL YEAR 2020-21				FISCAL YEAR 2021-22			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % STATE AGENCIES SUBMITG REVISED LANG ACCESS PLANS	95	19	- 76	80	NO DATA	95	+ 95	0
2. # STATE AGENCIES SUBMITTING SEMI-ANNUAL REPORTS	25	10	- 15	60	NO DATA	25	+ 25	0
3. # STATE/COVERED ENTITIES PROVIDED TECH ASSISTANCE	30	32	+ 2	7	NO DATA	30	+ 30	0
4. # OF INTERAGENCY/COMMUNITY MEETINGS CONDUCTED	12	16	+ 4	33	NO DATA	12	+ 12	0
5. # OF TRAININGS CONDUCTED/SPONSORED/ORGANIZED	12	11	- 1	8	NO DATA	12	+ 12	0
6. # OF STATE AGENCIES MONITORED/REVIEWED	25	5	- 20	80	NO DATA	25	+ 25	0
7. # OF COMPLAINTS INVESTIGATED/RESOLVED	5	3	- 2	40	NO DATA	5	+ 5	0
8. # OF OUTREACH ACTIVITIES	10	34	+ 24	240	NO DATA	10	+ 10	0

<b>PART III: PROGRAM TARGET GROUP</b>								
1. STATE AGENCIES + STATE-FUNDED ENTITIES	30	32	+ 2	7	NO DATA	30	+ 30	0
2. LIMITED ENGLISH PROFICIENCY PERSONS & COMMUNITIES	1500	1738	+ 238	16	NO DATA	1500	+ 1500	0

<b>PART IV: PROGRAM ACTIVITY</b>								
1. # ST AGENCIES PROVIDED OVERSIGHT/CENTRAL COORDTN	25	19	- 6	24	NO DATA	25	+ 25	0
2. # TECH ASSISTANCE PROVIDED TO ST AGEN/COV ENTITIES	30	32	+ 2	7	NO DATA	30	+ 30	0
3. # ST AGENC MONITORD/REVIEWD FOR COMPLIAN W/LA LAWS	25	5	- 20	80	NO DATA	25	+ 25	0
4. # PUBLIC COMPLAINTS INV/RESLVD BY INFORMAL METHODS	5	3	- 2	40	NO DATA	5	+ 5	0
5. # OF OUTREACH, EDUCATION AND TRAINING CONDUCTED	22	45	+ 23	105	NO DATA	22	+ 22	0

# VARIANCE REPORT NARRATIVE FY 2021 AND FY 2022

05 05 05  
HTH 908

## **PROGRAM TITLE: OFFICE OF LANGUAGE ACCESS**

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### **PART I - EXPENDITURES AND POSITIONS**

The variances in the number of positions for FY 21 and for the first three months of FY 22 are primarily due to a vacancy in September 2020 and the hiring freeze that was implemented in FY 21 as well as the relatively small full-time equivalent positions that one vacancy will put it into a high percentage variance.

The expenditure variance for the first three months of FY 22 is attributed to vacancy savings and delays in the execution of contracts and encumbrance for planned activities.

### **PART II - MEASURES OF EFFECTIVENESS**

Items 1 and 2. In FY 21, the variances are due to State agencies not submitting their revised language access plans and semi-annual reports as well as the relatively small planned numbers.

Note: This is a self-report measure. Besides urging State agencies to submit their plans and reports, the Office of Language Access (OLA) has no legal authority to compel agencies to submit their reports.

Items 4 and 8. In FY 21, the positive variances are due to a greater awareness of language access issues and increased demand for language services from the community.

Item 6. In FY 21, the negative variance was due to staffing issues. OLA anticipated not being able to coordinate and implement program activities. OLA anticipates filling the Program Specialist V vacancy by the end of the second quarter of FY 22.

Item 7. While OLA receives many inquiries, it is difficult for OLA to predict the number of official complaints that may be filed with the office in FY 21.

### **PART III - PROGRAM TARGET GROUPS**

Item 2. In FY 21, the positive variance is due to a greater awareness of language access issues and increased demand for language services from the community.

### **PART IV - PROGRAM ACTIVITIES**

Items 1 and 3. In FY 21, the negative variances are due to staffing issues. OLA anticipated not being able to coordinate and implement program activities. OLA anticipates filling the Program Specialist V vacancy by the end of the second quarter of FY 22.

Item 4. In FY 21, while OLA receives many inquiries, it is difficult for OLA to predict the number of official complaints that may be filed with the office.

Item 5. In FY 21, the positive variance is due to a greater awareness of language access issues and increased demand for language services from the community.

Note: Due to the impact from the program review earlier, the variance report does not contain planned data for FY 22. However, as the result of the passing of the American Rescue Plan Act, OLA is not impacted by program review and is currently functioning as authorized by Act 88, SLH 2021.