



HEALTH

PROGRAM TITLE: HEALTH

12/2/22

PROGRAM-ID:

PROGRAM STRUCTURE NO: 05

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	5,267.67	5,103.67	- 164.00	3	5,285.12	4,716.27	- 568.85	11	5,285.12	5,196.82	- 88.30	2
EXPENDITURES (\$1000's)	1,412,498	1,460,950	+ 48,452	3	372,805	370,758	- 2,047	1	1,058,245	1,123,065	+ 64,820	6
TOTAL COSTS												
POSITIONS	5,267.67	5,103.67	- 164.00	3	5,285.12	4,716.27	- 568.85	11	5,285.12	5,196.82	- 88.30	2
EXPENDITURES (\$1000's)	1,412,498	1,460,950	+ 48,452	3	372,805	370,758	- 2,047	1	1,058,245	1,123,065	+ 64,820	6
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	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	80.9	- 1.5	2	82.4	80	- 2.4	3				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

PROGRAM TITLE: HEALTH

05

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.

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	607.87	478.87	- 129.00	21	605.37	478.37	- 127.00	21	605.37	557.37	- 48.00	8
EXPENDITURES (\$1000's)	248,123	398,986	+ 150,863	61	69,814	109,024	+ 39,210	56	183,507	242,943	+ 59,436	32
TOTAL COSTS												
POSITIONS	607.87	478.87	- 129.00	21	605.37	478.37	- 127.00	21	605.37	557.37	- 48.00	8
EXPENDITURES (\$1000's)	248,123	398,986	+ 150,863	61	69,814	109,024	+ 39,210	56	183,507	242,943	+ 59,436	32
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. ACTIVE TB CASES - PROPORTN COMPL RECOM THERAPY (%)	97	95	- 2	2	97	97	+ 0	0				
2. % OF REPTD VACCINE PREVENTBLE DISEASES INVESTIGATD	100	100	+ 0	0	100	100	+ 0	0				
3. % OF INDIVIDUALS WITH DEV DISAB RECEIVING SERVICES	13	12	- 1	8	13	13	+ 0	0				
4. % OF PERSONS IN INSTITUTIONS RECVNG DENTAL SVCS	100	96	- 4	4	100	95	- 5	5				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

PROGRAM TITLE: HEALTH RESOURCES

05 01

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.

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	282.87	229.87	- 53.00	19	287.87	232.87	- 55.00	19	287.87	285.87	- 2.00	1
EXPENDITURES (\$1000's)	54,062	150,279	+ 96,217	178	18,986	46,084	+ 27,098	143	34,486	99,055	+ 64,569	187
TOTAL COSTS												
POSITIONS	282.87	229.87	- 53.00	19	287.87	232.87	- 55.00	19	287.87	285.87	- 2.00	1
EXPENDITURES (\$1000's)	54,062	150,279	+ 96,217	178	18,986	46,084	+ 27,098	143	34,486	99,055	+ 64,569	187
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS	7.3	6.2	- 1.1	15	7.3	6.5	- 0.8	11				
2. ACTIVE TB CASES - PROPORNTN COMPL RECOM THERAPY (%)	97	95	- 2	2	97	97	+ 0	0				
3. HANSEN'S DIS NEW CASE RATE PER 100,000 RES 5 YRS+	1	0.62	- 0.38	38	1	0.62	- 0.38	38				
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	4.8	+ 1.5	45	3.3	4	+ 0.7	21				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

05 01 01

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 a reduction in immigration to Hawaii during the pandemic.

Item 3. The variance is primarily due to pandemic-related disruptions in Hansen's disease screening.

Item 5. The variance is due to pandemic-related disruptions and late reporting of FY 21 results in FY 22.

PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING
 PROGRAM-ID: HTH-100
 PROGRAM STRUCTURE NO: 05010101

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	236.87	200.87	- 36.00	15	242.87	203.87	- 39.00	16	242.87	240.87	- 2.00	1
EXPENDITURES (\$1000's)	43,511	37,675	- 5,836	13	15,829	11,787	- 4,042	26	27,941	27,941	+ 0	0
TOTAL COSTS												
POSITIONS	236.87	200.87	- 36.00	15	242.87	203.87	- 39.00	16	242.87	240.87	- 2.00	1
EXPENDITURES (\$1000's)	43,511	37,675	- 5,836	13	15,829	11,787	- 4,042	26	27,941	27,941	+ 0	0

	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS	7.3	6.2	- 1.1	15	7.3	6.5	- 0.8	11
2. % ACTIVE TB CASES COMPLETING RECOMMENDED THERAPY	97	95	- 2	2	97	97	+ 0	0
3. % NON-ACTIVE TB CASES COMPLETG RECOMMENDED THERAPY	86	72	- 14	16	87	87	+ 0	0
4. CHLAMYDIA CASE RATE WOMEN AGE 18-25 PER 100,000	4800	3758	- 1042	22	4800	4000	- 800	17
5. NEWLY REPORTED HIV CASES PER 100,000	3.3	4.8	+ 1.5	45	3.3	4	+ 0.7	21
6. NEWLY DIAGNOSED HANSEN'S DISEASE CASES PER 100,000	1	.62	- 0.38	38	1	.62	- 0.38	38
7. % OUTPATIENTS W/NEW COMPLICATIONS FR HANSEN'S DIS	.4	0	- 0.4	100	.4	0	- 0.4	100
8. ANNL KALAUPAPA REGISTRY PATIENT CARE/RESIDENT DAYS	2200	1798	- 402	18	2200	2180	- 20	1
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

PART III: PROGRAM TARGET GROUP								
1. RESIDENT POPULATION, STATE OF HAWAII (IN THOUS)	1400	1420	+ 20	1	1400	1430	+ 30	2
2. CONTACTS OF INFECTIOUS TB CASES	900	214	- 686	76	1000	150	- 850	85
3. CLASS B IMMIGRANTS	150	106	- 44	29	250	90	- 160	64
4. WOMEN 18-25 YEARS OF AGE	65000	62327	- 2673	4	65000	65000	+ 0	0
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	11	9	- 2	18	10	9	- 1	10
7. CONTACTS OF HANSEN'S DISEASE CASES	1190	1113	- 77	6	1190	1113	- 77	6
8. OUTPATIENTS W/HANSEN'S DISEASE-RELATED DISABILITIE	115	106	- 9	8	115	106	- 9	8
9. CHILDREN IN DOE SCHOOLS	179000	171600	- 7400	4	179000	180000	+ 1000	1
10. POPULATION > 60 YEARS OLD	450000	277360	- 172640	38	450000	360000	- 90000	20

PART IV: PROGRAM ACTIVITY								
1. # INDIVIDUALS RECEIVG COUNSELG/EVALUATION/SCREENG	74871	56540	- 18331	24	73903	53872	- 20031	27
2. # INDV RCVG EVAL FOR SUSPECTD EXPOSURE TO COMM DIS	7130	8998	+ 1868	26	7060	8811	+ 1751	25
3. # INDIVIDUALS RECEIVG TREATMENT FOR COMM DISEASES	2583	2332	- 251	10	2584	2342	- 242	9
4. # OUTPATIENT VISITS/EVAL BY PHYS/NURSES/SW/PARAMED	112687	84033	- 28654	25	113687	92717	- 20970	18
5. # LABORATORY TESTS OBTAINED AND REVIEWED	26835	22822	- 4013	15	26935	25132	- 1803	7
6. # WOMEN 18-25 YEARS OLD SCREENED FOR CHLAMYDIA	4500	3822	- 678	15	4500	4000	- 500	11
7. # PATIENTS PROVIDED HIV-RELATD DRUG TREATMT ASSIST	450	431	- 19	4	450	435	- 15	3
8. # STERILE SYRINGES EXCHANGED	1400000	1067188	- 332812	24	1400000	1400000	+ 0	0
9. # PHN CONTACTS COMPLETG CONSULTS FOR DOE STUDENTS	14000	11570	- 2430	17	14000	15000	+ 1000	7
10. # OF PHN CONTACTS FOR PHN-ENROLLED ELDERS > 60 Y/O	6000	4371	- 1629	27	6000	5000	- 1000	17

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 01 01
HTH 100

PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

PART I - EXPENDITURES AND POSITIONS

In FY 22: The position variance is almost entirely due to recruitment challenges. The expenditure variance is primarily due to federal grants budgeted to begin new project periods.

In FY 23: For the first three months of FY 23, the position variance is primarily due to the position recruitment challenge and new vacancies. 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 a reduction in immigration to Hawaii during the pandemic.

Item 3. The variance in FY 22 is primarily due to a higher percentage of tuberculosis (TB) patients requiring prolonged treatment, often related to medical access during the pandemic.

Item 4. The variance is largely due to decreased chlamydia screening during the COVID-19 pandemic and laboratory underreporting during transitions to new data systems.

Item 5. The variance is due to pandemic-related disruptions and late reporting of FY 21 results in FY 22.

Item 6. The variance is primarily due to pandemic-related disruptions in Hansen's disease screening.

Item 7. The variance is due to strong proactive nurse case management within the Hansen's Disease Community Program.

Item 8. The variance is due to the passing of two patients, not related to the COVID-19 pandemic.

PART III - PROGRAM TARGET GROUPS

Item 2. The variance is attributable to Centers for Disease Control and Protection's and the TB Program's updated policies requiring fewer individuals in need of contact investigations (e.g., contact investigation for airplane passengers on flights eight hours or longer is now limited to passengers seated around the patient rather than the entire plane).

Item 3. The variance is largely attributable to the COVID-19 pandemic, which significantly reduced the number of immigrants, including those with latent TB infection, that are seeking permanent residence in the State of Hawaii.

Item 6. The variance is due to the passing of two patients in FY 22.

Item 10. The variance is due to an overestimate of the anticipated size of the elderly population.

PART IV - PROGRAM ACTIVITIES

Item 1. The variance is primarily due to Public Health Nurses' (PHN) focus on community activities with fewer evaluations within the Department of Education.

Item 2. The variance is largely due to increased evaluations for communicable disease in congregate-based settings.

Item 3. The variance is mainly due to institution of COVID-19 precautions in the sexually transmitted disease clinic and staffing shortages there.

Item 4. The variance is primarily due to PHNs' greater focus on capacity building in communities with less participation in large community immunization events.

Item 5. The variance in FY 22 is in large part due to a reduction in numbers of B1 immigrants arriving in the State and patients delaying seeking medical services during the pandemic.

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 01 01
HTH 100

PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

Item 6. The variance is due primarily to pandemic-related test kit supply chain disruptions and reduced health care attendance.

Item 8. The variance is due to level funding for the syringe exchange program. The decrease in syringe exchange is attributed to funding that has remained level for years. The funding level has not decreased, but with most costs increasing over time, the same amount of funding in FY22 supports fewer staff and lower volume of program operations than did the same amount of funding in previous years.

Item 9. The variance in FY 22 is due to fewer students enrolling after the closure of DOE schools during the COVID-19 pandemic.

Item 10. The variance is due to the decrease in visits during the COVID-19 pandemic.

PROGRAM TITLE: DISEASE OUTBREAK CONTROL
 PROGRAM-ID: HTH-131
 PROGRAM STRUCTURE NO: 05010102

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	46.00	29.00	- 17.00	37	45.00	29.00	- 16.00	36	45.00	45.00	+ 0.00	0
EXPENDITURES (\$1000's)	10,551	112,604	+ 102,053	967	3,157	34,297	+ 31,140	986	6,545	71,114	+ 64,569	987
TOTAL COSTS												
POSITIONS	46.00	29.00	- 17.00	37	45.00	29.00	- 16.00	36	45.00	45.00	+ 0.00	0
EXPENDITURES (\$1000's)	10,551	112,604	+ 102,053	967	3,157	34,297	+ 31,140	986	6,545	71,114	+ 64,569	987
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
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	88	- 7	7	95	90	- 5	5				
4. % ADOLESCENTS MEETING IMMUNIZATION REQUIREMENTS	77	75	- 2	3	77	80	+ 3	4				
5. % HBV CARRIERS' INFANTS WHO START HBV VAX SERIES	95	100	+ 5	5	95	95	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. # HAWAII RESIDENTS (1000'S)	1431	1431	+ 0	0	1431	1431	+ 0	0				
2. # VISITORS TO HAWAII (1000'S)	9661	9661	+ 0	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)	144	144	+ 0	0	144	144	+ 0	0				
5. # OF BIRTHS EXCLUDING MILITARY (100'S)	150	150	+ 0	0	150	150	+ 0	0				
6. # CHILDREN BORN TO HEP B SURF ANTGN+ WOMEN (100'S)	1.5	1	- 0.5	33	1.5	1	- 0.5	33				
PART IV: PROGRAM ACTIVITY												
1. # HI RESIDENTS ENTERED, MAINTAINED IN IMMUN REGISTRY	1043572	2168946	+ 1125374	108	1043572	3517345	+ 2473773	237				
2. # SCH CHILDN SURVEYED FOR IMMUN COVERAGE (1000'S)	17	17	+ 0	0	17	17	+ 0	0				
3. # PERINATAL HEPATITIS B INFECTED INFANTS	0	0	+ 0	0	0	0	+ 0	0				
4. # INFECTIOUS DISEASE CASES INVESTIGATED	5000	287352	+ 282352	5647	5000	5000	+ 0	0				
5. # INFECTIOUS DISEASE OUTBREAKS IDENTIFIED	15	1137	+ 1122	7480	15	15	+ 0	0				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

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, temporary exempt 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 the pandemic response.

Variances in expenditures are primarily attributed to COVID-19 federal funding received in FY 19 and FY 20 with expanded authority to spend through 2024.

PART II - MEASURES OF EFFECTIVENESS

No significant variances.

PART III - PROGRAM TARGET GROUPS

Item 6: The number of infants born to hepatitis B mothers decreased from last year. Several factors may have contributed to this decline. Continuous hepatitis B prevention strategies have been implemented for many years, and birth rates have declined nationwide including in Hawaii. The goal is to minimize the number of children born to hepatitis B mothers.

PART IV - PROGRAM ACTIVITIES

Item 1: While the measure reads as the number of Hawaii residents entered and maintained in the Immunization Registry, it has been reported historically as the cumulative number of vaccinations administered to Hawaii residents that are entered and maintained in the Immunization Registry. The new measure clearly defines the data collected and provided for this measure. The 108% increase reflects vaccinations identified in the Hawaii Immunization Registry (HIR) due to COVID-19 vaccination efforts. As part of the pandemic response, COVID-19 primary series vaccines and booster doses have been

captured in the HIR, in addition to routine childhood and adult vaccinations. This number will further increase in the next year to include Monkeypox vaccination efforts.

Item 4. The substantial increase of infectious diseases reported and investigated is largely driven by cases of COVID-19 (284,605 in FY 22). The division's investigation capacity was augmented by trained investigation teams created and sustained with COVID-19 funding. Non-COVID-19 cases remained slightly lower than predicted at 2,747, likely related to continued changes in behavior and business practices related to the mitigation of COVID-19.

Item 5. The large number of infectious disease outbreaks identified and investigated were related to COVID-19 (1,092 outbreaks in FY 22). Surge staffing supported by COVID-19 funds allowed this large increase in investigation capacity.

PROGRAM TITLE: EMERGENCY MEDICAL SVCS & INJURY PREV SYS
 PROGRAM-ID: HTH-730
 PROGRAM STRUCTURE NO: 050103

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	10.00	7.00	- 3.00	30	10.00	6.00	- 4.00	40	10.00	10.00	+ 0.00	0
EXPENDITURES (\$1000's)	27,111	97,648	+ 70,537	260	1,896	15,188	+ 13,292	701	28,307	21,994	- 6,313	22
TOTAL COSTS												
POSITIONS	10.00	7.00	- 3.00	30	10.00	6.00	- 4.00	40	10.00	10.00	+ 0.00	0
EXPENDITURES (\$1000's)	27,111	97,648	+ 70,537	260	1,896	15,188	+ 13,292	701	28,307	21,994	- 6,313	22
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % RESPONSES MEETING RESPONSE TIME STD - OAHU	90	83	- 7	8	90	82	- 8	9				
2. % RESPONSES MEETING RESPONSE TIME STD - KAUAI	90	96	+ 6	7	90	96	+ 6	7				
3. % RESPONSES MEETING RESPONSE TIME STD - HAWAII	90	91	+ 1	1	90	92	+ 2	2				
4. % RESPONSES MEETING RESPONSE TIME STD - MAUI	90	90	+ 0	0	90	89	- 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	226	+ 226	0	0	0	+ 0	0				
7. % SUICIDES & ATTEMPTD SUICIDES PER 100000 RESIDENT	102	86	- 16	16	103	78	- 25	24				
PART III: PROGRAM TARGET GROUP												
1. GENERAL DE FACTO POPULATION (THOUSANDS)	1614	1531	- 83	5	1622	1503	- 119	7				
2. # OF HIGH RISK CARDIAC CASES	5414	5207	- 207	4	5521	4939	- 582	11				
3. # OF HIGH RISK TRAUMA CASES	4417	4258	- 159	4	4543	4677	+ 134	3				
4. # OF HIGH RISK PEDIATRIC CASES	417	392	- 25	6	408	394	- 14	3				
5. # OF CARDIOPULMONARY ARREST CASES	1123	1194	+ 71	6	1136	1072	- 64	6				
6. # OF LICENSED GROUND AMBULANCE SERVICE PROVIDERS	8	8	+ 0	0	8	8	+ 0	0				
7. # OF LICENSED AIR AMBULANCE SERVICE PROVIDERS	2	2	+ 0	0	2	2	+ 0	0				
8. # OF YOUTHS UNDER 24 AND SENIORS 65 YRS AND OLDER	677165	686943	+ 9778	1	680982	694509	+ 13527	2				
PART IV: PROGRAM ACTIVITY												
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	147592	161377	+ 13785	9	149500	151980	+ 2480	2				
5. # OF PATIENTS BILLED FOR EMERGENCY AMBULANCE SVC	87196	77669	- 9527	11	87835	81231	- 6604	8				
6. % OF AMBULANCE SERVICE REVENUES COLLECTED	67	65	- 2	3	67	67	+ 0	0				
7. ADM/MAINT EMS QUAL ASSUR & QUAL IMPRV PRG (ST-DYS)	312	312	+ 0	0	312	315	+ 3	1				
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	5860	+ 4060	226	1800	6000	+ 4200	233				
10. # COMM COAL/TSKFRC/PRTNRSHP INIT/SUPPT IN INJ PREV	68	61	- 7	10	68	65	- 3	4				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 03
HTH 730

PROGRAM TITLE: EMERGENCY MEDICAL SVCS & INJURY PREV SYS

PART I - EXPENDITURES AND POSITIONS

Permanent position vacancies as of June 30, 2022, are the Public Health Educator V (Position No. (PN) 41807), Public Health Educator IV (PN 121173), and Office Assistant III (PN 24843) and due to retirement as of April 1, 2022, the Administrative Specialist IV (PN 27391). The program continues to actively recruit for these vacancies.

The variance in FY 22 is due to reduction of operational funds replaced by use of American Rescue Plan Act (ARPA) funds to make up the final cost of statewide ambulance services that is made up of ARPA, State Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) operational funds, and special funds that equal the actual cost of the four counties (Honolulu, Maui, Kauai, and Hawaii) ambulance services contracts that are overseen and administered by the EMSIPSB. The final amount in expenditures was due to addressing Collective Bargaining Agreements and Cost of Living Adjustment to these ambulance contracts and was the main reason between the budgeted and actual cost that contributed to the 260% difference.

The difference after the 1st quarter was due to a bulk of contract encumbrances that were actualized in the 1st quarter and not the 2nd quarter as anticipated. The adjustment projected in the nine months ending June 30, 2023, is due to cost-of-living adjustments and collective bargaining for emergency contracts anticipated.

PART II - MEASURES OF EFFECTIVENESS

Item 6. The significant increase is due to the pilot project initiated under suicide prevention that offered an online course to train Department of Education staff to recognize signs of "at-risk" students. This online course has been successful in tracking those that have successfully completed training modules and providing statistical information to determine the number of individuals who have been trained. Due to the success of this training application, the Injury Prevention System is looking to expand access to this module via the Emergency Medical Services and Injury Prevention System Branch website.

Item 7. National media attention and the above efforts mentioned in Item 6 have brought more awareness to mental health wellness that people are seeking assistance, and it would seem that with the reduction in numbers that this has assisted in reduction of suicides attempts.

PART III - PROGRAM TARGET GROUPS

No significant variances.

PART IV - PROGRAM ACTIVITIES

Item 4. 911 ambulance responses increased by 13,785 (9.4%) over the planned volume based on historical trends. FY22 was during the height of the COVID-19 pandemic. The pandemic dramatically increased the burden on hospitals and emergency medical services (EMS).

Item 5. The reduction in the billing is due to the second Office Assistant (OA) III position being vacant and having only one clerk managing the entire program's billing process. There are two parts contributing to this reduction: 1) the vacant OA III, Position No. 24843 (mentioned in the first part); and 2) the City and County of Honolulu (CCH), as the program's billing activities are being transferred over to CCH per Act 208, SLH 2021, which is expected to result in the small reduction due to this transition as all ambulance billing revenue activities will be transferred over to CCH in its entirety by FY 25, leaving the program to process only three counties, Kauai, Maui, and Hawaii, in year 2025.

Item 9. The increase in the number of individuals trained coincides with Part II, Item 6, and is due to the online training module that assisted lay persons to identify individuals "at-risk" and how to approach a situation to seek out professional assistance to prevent suicide and its ability to track and provide a report on the number of individuals who had successfully completed training with a self-paced test on information presented. The program is seeking to purchase additional licenses to expand the learning tool.

Item 10. Although the program has used TEAMS to continue to maintain

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 03
HTH 730

PROGRAM TITLE: EMERGENCY MEDICAL SVCS & INJURY PREV SYS

communication with all community groups, task force, and stakeholders while under COVID-19 restrictions for large gatherings and per Department of Health recommendations, like the private sector, the State's employment situation has also taken major "hits" and felt the loss of key program staff due to retirement or COVID-19 deaths. The closing of businesses or reassessment of limited resources of both financial and in the human resources areas had service-oriented organizations re-evaluating what areas of need they wanted to focus limited resources towards. Most are in addressing critical needs versus prevention, and with the loss of experienced and large vacancies in direct service staffing, there is no one to oversee injury prevention duties. Some staff still fear COVID-19 exposure and refuse to report to offices too. This variance also could be attributed to offices that have simply closed "shop," or have not re-opened. In the upcoming months for this fiscal year, the numbers are more optimistic and a 4% variance is anticipated as the State starts to have more in-person activities throughout the State.

PROGRAM TITLE: FAMILY HEALTH SERVICES
 PROGRAM-ID: HTH-560
 PROGRAM STRUCTURE NO: 050104

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	250.00	182.00	- 68.00	27	236.50	173.50	- 63.00	27	236.50	195.50	- 41.00	17
EXPENDITURES (\$1000's)	101,119	99,576	- 1,543	2	42,573	42,573	+ 0	0	60,367	60,367	+ 0	0
TOTAL COSTS												
POSITIONS	250.00	182.00	- 68.00	27	236.50	173.50	- 63.00	27	236.50	195.50	- 41.00	17
EXPENDITURES (\$1000's)	101,119	99,576	- 1,543	2	42,573	42,573	+ 0	0	60,367	60,367	+ 0	0

	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % PRETERM BIRTHS	10	NO DATA	- 10	100	10	NO DATA	- 10	100
2. % UNINSURED INDV REC SUBSIDIZED PRIMARY CARE - POS	24.92	17.8	- 7.12	29	24.92	24.92	+ 0	0
3. % CHILDREN (0-21) W/SP HTH CARE NEEDS W/MEDICAL HM	95	99.79	+ 4.79	5	95	95	+ 0	0
4. % LIVE BIRTHS SCRND FOR METAB DISORDERS & HEMOGLOB	99	99.4	+ 0.4	0	99	99	+ 0	0
5. % WIC ENROLL WOMEN & CHILDN TO 5 YRS RCV EDC, COUN	87	89	+ 2	2	87	87	+ 0	0
6. % WIC ENROLLED WOMEN WHO INITIATE BREASTFEEDING	92	91	- 1	1	95	95	+ 0	0
7. % PRENATAL SMOKING	5	5	+ 0	0	5	5	+ 0	0
8. % FEMALES 15-24 TESTED FOR CHLAMYDIA WITHIN 12 MO	58	31	- 27	47	58	32	- 26	45
9. % CHILDN 0-3 YRS W/ DEVELOP DELAYS RCVG EI SVCS	3.05	2.97	- 0.08	3	3.05	3.05	+ 0	0
10. % CHILDN ENROLLED IN HOME VISITG PROG W/ MEDI HOME	94	91	- 3	3	94	92	- 2	2

PART III: PROGRAM TARGET GROUP								
1. # LIVE BIRTHS	17700	NO DATA	- 17700	100	17700	NO DATA	- 17700	100
2. # UNINSURED INDIVIDUALS	56479	54462	- 2017	4	56479	54462	- 2017	4
3. # CHILDREN WITH SPECIAL HEALTH NEEDS	40000	39320	- 680	2	40000	40000	+ 0	0
4. # LIVE BIRTHS (SCREENED FOR METABOLIC DISORDERS)	17500	15606	- 1894	11	17500	16000	- 1500	9
5. # WIC ENROLLED WOMEN & CHILDN UP TO 5 YRS OLD	31000	27030	- 3970	13	31500	31000	- 500	2
6. # WIC ENROLLED PREGNANT & POST-PARTUM WOMEN	7700	5886	- 1814	24	7700	7700	+ 0	0
7. # PREGNANT WOMEN	1150	48	- 1102	96	1150	10	- 1140	99
8. # FEMALES 15-24 YRS OLD SERVED THRU POS CONTRACTS	88600	3137	- 85463	96	88600	757	- 87843	99
9. # CHILDN 0-3 YRS W/DEV DELAYS EVAL CUR YR RCV EIS	3550	2913	- 637	18	3550	3550	+ 0	0
10. # CHILDREN ENROLLED IN A HOME VISITING PROGRAM	700	663	- 37	5	700	700	+ 0	0

PART IV: PROGRAM ACTIVITY								
1. # PREG WOMEN SRVD BY WIC & PERINATAL SUP POS CONTR	2672	2712	+ 40	1	2672	2672	+ 0	0
2. # UNINSURED INDV RCV DOH SUBSIDIZED PRIM CARE POS	14076	9690	- 4386	31	14076	14076	+ 0	0
3. # CSHN 0-21 ASSISTED IN ACCESS TO MEDICAL SPC SVCS	1150	913	- 237	21	1150	1000	- 150	13
4. # INFANTS SCREENED FOR METAB DISORDERS & HEMOGLOB	475	508	+ 33	7	475	500	+ 25	5
5. # NUTRIT EDUC CONTACTS/COUNSELG SESS WIC ENROLLEES	19500	19262	- 238	1	19500	19500	+ 0	0
6. # PRENATAL/POSTPARTUM BREASTFDG INFO CONTACTS	7700	5886	- 1814	24	7700	7700	+ 0	0
7. # PREGNANT WOMEN SERVED BY WIC 7 PERINATAL SUP POS	800	812	+ 12	2	800	800	+ 0	0
8. # FEMALES 15-24YRS TESTED CHLAMYDIA IN PAST 12 MOS	5200	607	- 4593	88	5200	176	- 5024	97
9. # CHILDN 0-3 YRS W/DEV DELAYS RECEIVING EIS	1700	1847	+ 147	9	1700	1850	+ 150	9
10. # CHILDN ENROLLED IN HOME VISTG PRG W/MEDICAL HOME	635	601	- 34	5	635	644	+ 9	1

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 04
HTH 560

PROGRAM TITLE: FAMILY HEALTH SERVICES

PART I - EXPENDITURES AND POSITIONS

There was a 1.53% or \$1,543,000 variance in FY 22 expenditures primarily attributed to a small percentage of expenditures being recorded outside of the state fiscal year. The variance in position counts for FY 22 and for the first quarter of FY 23 are primarily due to the difficulties in filling vacant positions since the beginning of the COVID-19 pandemic. This is consistent with State and national trends. By the end of FY 23, the Family Health Services Division anticipates reducing vacancies by filling multiple positions currently in recruitment.

PART II - MEASURES OF EFFECTIVENESS

Item 1. This data was provided by the Title X grant. The Maternal and Child Health Branch (MCHB) no longer has this grant.

Item 2. The percentage is based on Part IV, Item 2, divided by Part III, Item 2. The variance is due to fewer uninsured individuals seeking primary care services in FY 22.

Item 8. The percentage of women being tested for chlamydia has lowered due to losing the Title X grant and MCHB changing its testing policy. In the past, anyone who requested testing would receive it. Currently, only people who are under/uninsured are tested.

PART III - PROGRAM TARGET GROUPS

Item 1. This data was provided by the Title X grant. MCHB no longer has this grant.

Item 4. The number of births continues to decrease, especially prior to and during the pandemic. Less births means fewer total newborns screened. The decrease in births seems to be an overall trend across the country based on discussion with other states. The reasons are not clear. A possibility is the unstable situation due to the pandemic, which may cause potential parents to decide to not have a baby until the economic situation is more stable. However, we continue to screen over 99% of all eligible newborns in Hawaii, which is the important measure.

Item 5. The COVID-19 pandemic has affected the number of enrolled women, infants and children (WIC) into the WIC Program. This attributed to the decrease in birthrates as well as staffing within the program. Staff have either retired or moved onto a more flexible career, and in turn, the vacancies are difficult to fill.

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 7. The number of pregnant women being served drastically decreased due to losing the Title X grant.

Item 8. The percentage of women being tested for chlamydia has lowered due to losing the Title X grant and MCHB changing its testing policy. In the past, anyone who requested testing would receive it. Currently, only people who are under/uninsured are being tested.

Item 9. During the COVID-19 pandemic, Hawaii did not determine eligibility because the initial or annual Multi-Disciplinary Evaluation (MDE) did not include a standardized tool. The Battelle Developmental Inventory-2 (BDI-2) could not be administered remotely and it was unsafe for evaluators to administer the BDI-2 in-person. Evaluators completed a "partial MDE" (i.e., did not include a standardized tool) and children were "presumed eligible" based on parent reports, observations, and record review. An Individual Family Support Plan (IFSP) was developed in its entirety with initial IFSPs referred to as Interim IFSPs and on-going eligibility were called Annual IFSPs. Last year's point-in-time Child Count numbers excluded Interim IFSPs and Annual IFSPs that were completed without eligibility determination. In April 2021, Hawaii began using the Developmental Assessment of Young Children (DAYC-2) to determine eligibility. Therefore, this year's point-in-time Child Count consists of eligible children who have an Initial or Annual IFSP based on a complete MDE. This resulted in a significant discrepancy when compared to last year's data. However, if last year's excluded Interim and Annual IFSPs were counted, this year's child count equals last year's child count.

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 04
HTH 560

PROGRAM TITLE: FAMILY HEALTH SERVICES

PART IV - PROGRAM ACTIVITIES

Item 2. The number of uninsured individuals receiving subsidized primary care contracted services was lower in FY 22 due to less people seeking services due to COVID-19.

Item 3. The decrease in numbers is due to the termination of the Early Childhood Comprehensive System grant that provided developmental screening to children. The Children and Youth with Special Health Needs Program (CYSHNP) continues to provide service coordination related to medical specialty care, nutrition, limited financial assistance, and other services for children with special health care needs age 0-21 with chronic medical conditions. CYSHNP will be providing more outreach to communities where increased access to care is needed.

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 8. The number of females being tested for chlamydia has lowered due to losing the Title X grant and MCHB changing its testing policy. In the past, anyone who requested testing would receive it. Currently, only people who are under/uninsured are tested.

PROGRAM TITLE: CHRONIC DISEASE PREVENTION & HEALTH PROMOTION
 PROGRAM-ID: HTH-590
 PROGRAM STRUCTURE NO: 050105

12/2/22

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	49.00	49.00	+ 0.00	0	49.00	49.00	+ 0.00	0	49.00	49.00	+ 0.00	0
EXPENDITURES (\$1000's)	63,250	49,941	- 13,309	21	5,663	4,575	- 1,088	19	57,587	58,675	+ 1,088	2
TOTAL COSTS												
POSITIONS	49.00	49.00	+ 0.00	0	49.00	49.00	+ 0.00	0	49.00	49.00	+ 0.00	0
EXPENDITURES (\$1000's)	63,250	49,941	- 13,309	21	5,663	4,575	- 1,088	19	57,587	58,675	+ 1,088	2

	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % YTH/ADULTS MTG PHYSICAL ACTIVITY RECOMMENDATIONS	55.6	52.7	- 2.9	5	56.2	56.2	+ 0	0
2. % YTH/ADULTS CONSUME < 3 DAILY SERV'G FRUITS/VEGS	78.3	55.5	- 22.8	29	77.5	77.5	+ 0	0
3. % YOUTH & ADULTS WHO USE TOBACCO PRODUCTS	15.6	16.7	+ 1.1	7	15.4	15.4	+ 0	0
4. % ADULTS WHOSE HYPERTENSION IS UNDER CONTROL	70.9	55.9	- 15	21	71.6	71.6	+ 0	0
5. % ADULTS WHO RCV'D RECOMMENDED BLOOD-SUGAR SCREE	53.5	61.4	+ 7.9	15	54	54.0	+ 0	0
6. % INDLS 5-64YR W/ASTHMA SERVED BY FQHCS W/MEDICTIO	88.1	82.5	- 5.6	6	88.9	88.9	+ 0	0
7. % ADULTS 50-75 RCV'D RECOM COLORECTAL CANCER SCRNG	74.2	77.1	+ 2.9	4	74.9	74.9	+ 0	0
8. % ADULTS WHOSE DIABETES HBA1C VALUE IS > THAN 9.0%	72.4	62.6	- 9.8	14	73.1	73.1	+ 0	0
9. % WOMEN 50+ RCV'D RECOM BREAST CANCER SCREENING	80.9	83.7	+ 2.8	3	81.7	81.7	+ 0	0
10. % BABIES EXCLUSIVELY BREASTFED THROUGH 3 MONTHS	57	50.6	- 6.4	11	57	57.5	+ 0.5	1

PART III: PROGRAM TARGET GROUP								
1. TOTAL # OF HAWAII RESIDENTS	1493641	1441553	- 52088	3	1506041	1506041	+ 0	0
2. TOTAL # OF CHILDREN ATTENDING HI DOE SCHOOLS	178667	156518	- 22149	12	180499	180499	+ 0	0
3. TOTAL # OF LOW-INCOME INDIVIDUALS IN HAWAII	360263	327929	- 32334	9	363254	363254	+ 0	0
4. TOTAL # OF YOUTH & ADULT TOBACCO USERS	199546	208696	+ 9150	5	198966	198966	+ 0	0
5. TOTAL # OF ADULTS WITH HYPERTENSION	388207	349106	- 39101	10	394979	394979	+ 0	0
6. TOTAL # OF ADULTS WITH DIABETES	127380	123950	- 3430	3	129602	129602	+ 0	0
7. TOTAL # OF INDIVIDUALS WITH ASTHMA	164659	123508	- 41151	25	167622	167622	+ 0	0
8. TOTAL # OF YOUTH/ADULTS WHO ARE OVERWEIGHT/OBESE	662319	680544	+ 18225	3	660439	660439	+ 0	0
9. TOTAL # ADULT ELIG FOR COLORECTAL CANCER SCRNING	387200	442009	+ 54809	14	387200	387200	+ 0	0
10. TOTAL # OF LIVE BIRTHS.	18831	15785	- 3046	16	18987	18987	+ 0	0

PART IV: PROGRAM ACTIVITY								
1. # ADULTS REACHED THRU SOCIAL-MARKETG CAMPAIGNS	291622	284289	- 7333	3	293883	293883	+ 0	0
2. # OF COALITIONS SUPPORTED BY THE PROGRAMS	28	76	+ 48	171	28	28	+ 0	0
3. % DOE SCHOOLS MEETING WELLNESS GUIDELINES	88	81.6	- 6.4	7	88	88.8	+ 0.8	1
4. # OF WEBSITE VISITS TO HHDW, HI HEALTH MATTERS, ET	63065	128890	+ 65825	104	63671	63671	+ 0	0
5. # OF YOUTHS&ADULTS REACHED THRU CESSATION SERVICES	2345	955	- 1390	59	2361	2361	+ 0	0
6. # PPL REACHED THRU CHRON DIS PRV & SELFMGMT PRGS	5445	4547	- 898	16	5498	5498	+ 0	0
7. # TRAININGS FOR COMM PARTNERS ON CHRONIC DIS PRVTN	520	626	+ 106	20	520	520	+ 0	0
8. # PART.S REACHED THRU CHRONIC DIS. PRVTN. TRNINGS	13900	4583	- 9317	67	13900	1390	- 12510	90
9. % ELIGIBLE WOMEN SCREENED THRU BCCCP	4.3	2.2	- 2.1	49	4.3	4.3	+ 0	0
10. # SITES USING HEALTHY FOOD GUIDELINES	158	445	+ 287	182	160	160	+ 0	0

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 05
HTH 590

PROGRAM TITLE: CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

PART I - EXPENDITURES AND POSITIONS

FY 22 Expenditure/21% variance: The special fund ceiling was \$48,706,356, the FY 22 revenue received in the 4th quarter into the S-335 account was \$38,092,831, and the 4th quarter expenditures was \$38,767,860 pursuant to Act 12, SLH 2018, resulting in a 21% variance.

The ending cash in the interdepartmental transfers (U) fund S-316 was \$199,350 due to contract delays resulting in delayed payments from the Department of Human Services' Supplemental Nutrition Assistance Program-Education (SNAP-ED). The U fund covers a multi-year contract plan. The special fund S-337 had \$140,591 based on private donations being more than the appropriation. The other federal fund S-565 had \$182.04 remaining in operational budget.

FY 23 1st Quarter Expenditure/19% variance: Delays in contract processing and allotments resulted in 1st quarter delays in encumbering contracts and other expenditures, which will resolve in the 2nd quarter.

PART II - MEASURES OF EFFECTIVENESS

Item 2. The percentage of youth and adults eating less than the recommended daily serving of fruits and vegetables is 29.92% lower than targeted. The indicator will likely decrease over time with 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. The percentage of adults whose hypertension is under control is 21% lower than the target. 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. The percentage of adults who received recommended blood sugar screening is 15% higher than the target. The growth is the result of expanded opportunities for and awareness of the importance of diabetes

screening; the increase is likely due to an outdated target that was based on a different indicator definition, which is now aligned with current national guidelines.

Item 8. The percentage of adults whose diabetes hemoglobin A1C is less than 9% has decreased by 14%. 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.

Item 10. The percentage of babies exclusively breastfed through three months is 11% lower than the target. Most mothers stop breastfeeding sooner than planned due to the lack of supportive practices and policies; program funds were reduced for Baby Friendly practices, but some elements will be restarted with short-term federal grants.

PART III - PROGRAM TARGET GROUPS

Item 2. The number of children attending Department of Education schools is 12% lower than the target. Reasons may include declining birth rate, families changing schooling option, or relocating to the mainland.

Item 5. The number of adults with hypertension is 10% lower than the target. This may be the result of educational efforts to prevent hypertension, as well as a more accurate diagnosis of the condition by health care providers.

Item 7. The number of individuals with asthma is 25% lower than the target. 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. The number of adults eligible for colorectal cancer screening increased by 14%, which is consistent with the growth in the aging population and reflects the increase in the 50-75 age group.

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 05
HTH 590

PROGRAM TITLE: CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

Item 10. The number of total live births is 16% lower than the target. The data is based on a record of live births to Hawaii residents and may be tied to COVID-19 pandemic concerns.

PART IV - PROGRAM ACTIVITIES

Item 2. The number of coalitions maintained by programs is 171% higher than the target. New coalitions were formed across multiple program areas, particularly in the areas of Community Outreach and Public Health Education, cancer, and physical activity in 2021-2022.

Item 4. The number of website visits to the Hawaii Health Data Warehouse (HHDW) and Hawaii Health Matters (HHM) increased by 104%. Several new resources were released through the HHDW/HHM websites, including Trackers for Oral Health and Tobacco, and Topics Module on disability. Visits also increased through Living.Healthy.hawaii.gov communications campaigns.

Item 5. The number of youth and adults reached through cessation services is 59% lower than the target. Service transition to a new provider started January 2021 and media efforts slowed down by contract negotiations; enrollments are increasing with communications campaign.

Item 6. The number of people reached through chronic disease prevention and management programs is 16% lower than the target. Most notable are: (a) the pandemic caused the Young Men's Christian Association to close its blood pressure self-monitoring program; the SNAP-Ed program no longer provides training to individuals; and no Baby Friendly hospital trainings or work site wellness trainings were held due to the pandemic.

Item 7. The number of trainings for community partners on chronic disease prevention is 20% higher than the target. Trainings for tobacco stakeholders were conducted to provide technical assistance.

Item 8. The number of participants reached through chronic disease prevention trainings is 67% less than the target. The program reduced COVID-19 trainings and transitioned to maintenance and lost critical staffing due to out-migration during COVID-19. Training is expected to increase in FY 23.

Item 9. The number of eligible women screened is 49% less than the target. The program lost two contractors, and the remaining contractors struggled with outreach and cultural/linguistic barriers.

Item 10. The number of sites using healthy food guidelines is 182% above the target. The program increased reach by adding childcare facilities (CCF) that are using healthy food guidelines required by menu review and licensing process, and the number of CCFs served is continuing to grow.

PROGRAM TITLE: HEALTH RESOURCES ADMINISTRATION
 PROGRAM-ID: HTH-595
 PROGRAM STRUCTURE NO: 050106

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	16.00	11.00	- 5.00	31	22.00	17.00	- 5.00	23	22.00	17.00	- 5.00	23
EXPENDITURES (\$1000's)	2,581	1,542	- 1,039	40	696	604	- 92	13	2,760	2,852	+ 92	3
TOTAL COSTS												
POSITIONS	16.00	11.00	- 5.00	31	22.00	17.00	- 5.00	23	22.00	17.00	- 5.00	23
EXPENDITURES (\$1000's)	2,581	1,542	- 1,039	40	696	604	- 92	13	2,760	2,852	+ 92	3
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % MOE HRA PROG SHOWING BENEFICIAL CHGS (PL VS ACT)	90	80	- 10	11	90	90	+ 0	0				
2. AVG TURNAROUND TIME TO ISSUE MED CANNABIS CARDS	5	5	+ 0	0	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	801	+ 1	0	800	800	+ 0	0				
2. ALL IN-STATE MED CANN REGISTRY APPLICANTS IN SFY	34790	34199	- 591	2	38443	34500	- 3943	10				
3. ALL IND W/DEB MED COND APPLY FOR CANN CARD IN SFY	2088	2013	- 75	4	2306	2020	- 286	12				
4. LICENSED MEDICAL CANNABIS DISPENSARIES	8	8	+ 0	0	8	8	+ 0	0				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 01 06
HTH 595

PROGRAM TITLE: HEALTH RESOURCES ADMINISTRATION

PART I - EXPENDITURES AND POSITIONS

The FY 22 and FY 23 full-time equivalent and expenditure variances are primarily attributed to challenges in establishing, recruiting, and filling positions.

PART II - MEASURES OF EFFECTIVENESS

Item 1. Most outcomes were as planned and the Administration continues to strive for best practices and outcomes.

PART III - PROGRAM TARGET GROUPS

Item 2. The planned number of valid patients in FY 23 was overestimated and the decrease in patient registrations may be pandemic related.

Item 3. The planned number of patients in FY 23 was overestimated and, similar to Item 2, may be pandemic related.

PART IV - PROGRAM ACTIVITIES

None.

PROGRAM TITLE: HOSPITAL CARE

12/2/22

PROGRAM-ID:

PROGRAM STRUCTURE NO: 0502

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	2,835.25	3,199.65	+ 364.40	13	2,835.25	2,787.80	- 47.45	2	2,835.25	2,853.95	+ 18.70	1
EXPENDITURES (\$1000's)	744,364	657,189	- 87,175	12	185,077	161,014	- 24,063	13	547,229	519,971	- 27,258	5
TOTAL COSTS												
POSITIONS	2,835.25	3,199.65	+ 364.40	13	2,835.25	2,787.80	- 47.45	2	2,835.25	2,853.95	+ 18.70	1
EXPENDITURES (\$1000's)	744,364	657,189	- 87,175	12	185,077	161,014	- 24,063	13	547,229	519,971	- 27,258	5
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - ACUTE CARE	51.25	69.9	+ 18.65	36	51.25	78.43	+ 27.18	53				
2. OCCUPANCY RATE - LONG-TERM CARE	91.07	73.73	- 17.34	19	91.07	78.11	- 12.96	14				
3. AVERAGE LENGTH OF STAY - ACUTE CARE	5.6	8.13	+ 2.53	45	5.6	8.95	+ 3.35	60				
4. AVERAGE LENGTH OF STAY - LONG TERM CARE	447.9	398.76	- 49.14	11	447.9	337.83	- 110.07	25				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

PROGRAM TITLE: HOSPITAL CARE

05 02

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
 PROGRAM-ID: HTH-210
 PROGRAM STRUCTURE NO: 050201

12/2/22

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	54.50	76.25	+ 21.75	40	54.50	78.75	+ 24.25	44	54.50	78.75	+ 24.25	44
EXPENDITURES (\$1000's)	17,509	15,229	- 2,280	13	4,377	4,333	- 44	1	13,132	13,176	+ 44	0
TOTAL COSTS												
POSITIONS	54.50	76.25	+ 21.75	40	54.50	78.75	+ 24.25	44	54.50	78.75	+ 24.25	44
EXPENDITURES (\$1000's)	17,509	15,229	- 2,280	13	4,377	4,333	- 44	1	13,132	13,176	+ 44	0
					FISCAL YEAR 2021-22				FISCAL YEAR 2022-23			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. BOARD APPROVED OPERATING EXPENSE BUDGET TO ACTUAL					15034	15229	+ 195	1	15123	17092	+ 1969	13

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 02 01
HTH 210

PROGRAM TITLE: HAWAII HEALTH SYSTEMS CORP - CORP OFFICE

PART I - EXPENDITURES AND POSITIONS

The variances in positions are due to the fact that Hawaii Health Systems Corporation has position control over the establishment of positions, and the budgeted position number of 54.50 has not been updated.

The variance in FY 22 can be attributed to the assessment of other post-employment benefits being deferred.

PART II - MEASURES OF EFFECTIVENESS

The variance in FY 23 can be attributed to pay raises, as well as the projected increase in the fringe benefit rate.

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 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
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 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - ACUTE CARE	94.5	93.1	- 1.4	1	94.5	94.2	- 0.3	0				
2. OCCUPANCY RATE - LONG-TERM CARE	0	0	+ 0	0	0	0	+ 0	0				
3. AVERAGE LENGTH OF STAY - ACUTE CARE (DAYS)	45.2	30.4	- 14.8	33	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	3138	+ 226.5	8	2911.5	3505	+ 593.5	20				
6. AVERAGE PATIENT REVENUE PER PATIENT DAY	6129.7	5906	- 223.7	4	6129.7	6369	+ 239.3	4				
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	235	+ 11	5	224	192	- 32	14				
2. NUMBER OF IN-PATIENT DAYS - ACUTE CARE	5731	7137	+ 1406	25	5731	7000	+ 1269	22				
3. NUMBER OF EMERGENCY ROOM VISITS	6103	6230	+ 127	2	6103	6601	+ 498	8				
4. NUMBER OF ADMISSIONS - LONG-TERM CARE	0	0	+ 0	0	0	0	+ 0	0				
5. NUMBER OF PATIENT DAYS - LONG-TERM CARE	0	0	+ 0	0	0	0	+ 0	0				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 02 02
HTH 211

PROGRAM TITLE: KAHUKU HOSPITAL

PART I - EXPENDITURES AND POSITIONS

No significant variances.

PART II - MEASURES OF EFFECTIVENESS

Item 3. The variance is due to shorter acute care stays than expected.

Item 5. The variance can be attributed to both the use of agency staffing and increased supply and drug costs caused by supply shortages from group purchasing organization vendors.

PART III - PROGRAM TARGET GROUPS

No significant variances.

PART IV - PROGRAM ACTIVITIES

Items 1 and 2. The variances for both FY 22 and FY 23 are due to on-going capital improvement projects, which required rooms to be unoccupied during the renovations. There was also a change in Queen's Medical Center's discharge planning to skilled level of care facilities; many of our swing bed patients come from Queen's acute care stay.

PROGRAM TITLE: HAWAII HEALTH SYSTEMS CORPORATION - REGIONS
 PROGRAM-ID: HTH-212
 PROGRAM STRUCTURE NO: 050203

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	2,780.75	3,123.40	+ 342.65	12	2,340.75	2,709.05	+ 368.30	16	2,340.75	2,775.20	+ 434.45	19
EXPENDITURES (\$1000's)	707,070	622,175	- 84,895	12	178,673	154,654	- 24,019	13	467,680	491,699	+ 24,019	5
TOTAL COSTS												
POSITIONS	2,780.75	3,123.40	+ 342.65	12	2,340.75	2,709.05	+ 368.30	16	2,340.75	2,775.20	+ 434.45	19
EXPENDITURES (\$1000's)	707,070	622,175	- 84,895	12	178,673	154,654	- 24,019	13	467,680	491,699	+ 24,019	5
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. AVERAGE OPERATING COST PER PATIENT DAY (EXCL EQPT)	2690	2958	+ 268	10	2747	2903	+ 156	6				
2. AVERAGE PATIENT REVENUE PER PATIENT DAY	1869	2411	+ 542	29	1935	2466	+ 531	27				
3. OCCUPANCY RATE - ACUTE CARE	51.25	74.74	+ 23.49	46	51.25	54.66	+ 3.41	7				
4. OCCUPANCY RATE - LONG-TERM CARE	91.07	74.72	- 16.35	18	91.07	81.07	- 10	11				
PART III: PROGRAM TARGET GROUP												
1. EST. POPULATION OF SERVICE AREA - EAST HAWAII	120908	117685	- 3223	3	120908	116932	- 3976	3				
2. EST. POPULATION OF SERVICE AREA - WEST HAWAII	80605	85221	+ 4616	6	80605	84829	+ 4224	5				
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	73454	+ 1017	1	72437	73234	+ 797	1				
5. EST. POPULATION SERVICE AREA OVER 65 - EAST HAWAII	26424	26707	+ 283	1	26425	26878	+ 453	2				
6. EST. POPULATION SERVICE AREA OVER 65 - WEST HAWAII	17616	18940	+ 1324	8	17616	18940	+ 1324	8				
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	176780	187935	+ 11155	6	176780	185680	+ 8900	5				
9. EST. POPULATION SERVICE AREA OVER 65 - KAUAI	14980	15755	+ 775	5	14980	15802	+ 822	5				
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE	10744	11639	+ 895	8	10744	11270	+ 526	5				
2. NUMBER OF IN-PATIENT DAYS - ACUTE CARE	60422	94661	+ 34239	57	60422	74013	+ 13591	22				
3. NUMBER OF BIRTHS	1452	1604	+ 152	10	1452	1680	+ 228	16				
4. NUMBER OF ADMISSIONS - LONG-TERM CARE	328	303	- 25	8	328	383	+ 55	17				
5. NUMBER OF PATIENT DAYS - LONG-TERM CARE	146927	120825	- 26102	18	146927	132854	- 14073	10				
6. NUMBER OF EMERGENCY ROOM (ER) VISITS	65164	77602	+ 12438	19	65164	88440	+ 23276	36				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 02 03
HTH 212

PROGRAM TITLE: HAWAII HEALTH SYSTEMS CORPORATION - REGIONS

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 1, 2, 3, and 4. The variances can be contributed to the COVID-19 pandemic, as well as reclassification of bed type and new or expanded services provided at some facilities.

PART III - PROGRAM TARGET GROUPS

No significant variances.

PART IV - PROGRAM ACTIVITIES

Items 2, 3, 5, and 6. See Part II.

PROGRAM TITLE: ALII COMMUNITY CARE
 PROGRAM-ID: HTH-213
 PROGRAM STRUCTURE NO: 050204

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
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	2,625	+ 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)	3,500	3,500	+ 0	0	875	875	+ 0	0	2,625	2,625	+ 0	0
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
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 2022 AND FY 2023**

**05 02 04
HTH 213**

PROGRAM TITLE: ALII COMMUNITY CARE

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
 PROGRAM-ID: SUB-601
 PROGRAM STRUCTURE NO: 050205

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
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)	2,900	2,900	+ 0	0	725	725	+ 0	0	2,175	2,175	+ 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)	2,900	2,900	+ 0	0	725	725	+ 0	0	2,175	2,175	+ 0	0
					FISCAL YEAR 2021-22				FISCAL YEAR 2022-23			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
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 2022 AND FY 2023**

**05 02 05
SUB 601**

PROGRAM TITLE: PRIVATE HOSPITALS & MEDICAL SERVICES

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
 PROGRAM-ID: HTH-214
 PROGRAM STRUCTURE NO: 050206

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
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)	11,585	11,585	+ 0	0	0	0	+ 0	0	8,923	8,923	+ 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)	11,585	11,585	+ 0	0	0	0	+ 0	0	8,923	8,923	+ 0	0

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 02 06
HTH 214

PROGRAM TITLE: MAUI HEALTH SYSTEM, A KFH LLC

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

PROGRAM TITLE: HHSC - OAHU REGION
 PROGRAM-ID: HTH-215
 PROGRAM STRUCTURE NO: 050207

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	440.00	0.00	- 440.00	100	440.00	0.00	- 440.00	100
EXPENDITURES (\$1000's)	0	0	+ 0	0	0	0	+ 0	0	51,321	0	- 51,321	100
TOTAL COSTS												
POSITIONS	0.00	0.00	+ 0.00	0	440.00	0.00	- 440.00	100	440.00	0.00	- 440.00	100
EXPENDITURES (\$1000's)	0	0	+ 0	0	0	0	+ 0	0	51,321	0	- 51,321	100
					FISCAL YEAR 2021-22				FISCAL YEAR 2022-23			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
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 2022 AND FY 2023

05 02 07
HTH 215

PROGRAM TITLE: HHSC - OAHU REGION

PART I - EXPENDITURES AND POSITIONS

The Hawaii Health Systems Corporation - Oahu Region was established by Act 248, SLH 2022.

PART II - MEASURES OF EFFECTIVENESS

This is a new program ID established by the 2022 Legislature; as such, no measures of effectiveness have been developed for this program.

PART III - PROGRAM TARGET GROUPS

This is a new program ID established by the 2022 Legislature; as such, no program target groups have been developed for this program.

PART IV - PROGRAM ACTIVITIES

This is a new program ID established by the 2022 Legislature; as such, no program activities have been developed for this program.

PROGRAM TITLE:

BEHAVIORAL HEALTH

PROGRAM-ID:

12/2/22

PROGRAM STRUCTURE NO: 0503

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	1,359.75	1,059.75	- 300.00	22	1,369.50	1,083.50	- 286.00	21	1,369.50	1,316.50	- 53.00	4
EXPENDITURES (\$1000's)	369,068	356,604	- 12,464	3	103,129	90,529	- 12,600	12	274,059	302,483	+ 28,424	10
TOTAL COSTS												
POSITIONS	1,359.75	1,059.75	- 300.00	22	1,369.50	1,083.50	- 286.00	21	1,369.50	1,316.50	- 53.00	4
EXPENDITURES (\$1000's)	369,068	356,604	- 12,464	3	103,129	90,529	- 12,600	12	274,059	302,483	+ 28,424	10
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % CLIENTS COMPLETING ALCOHOL & DRUG ABUSE TRTMT	49	37	- 12	24	49	40	- 9	18				
2. % OF PURCHASE OF SERVICE PROGRAMS MONITORED	100	100	+ 0	0	100	100	+ 0	0				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

PROGRAM TITLE: BEHAVIORAL HEALTH

05 03

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 of 24% for FY 22 and the estimated variance of 18% for FY 23 is due to 1) post-COVID-19 adjustments in returning to face-to-face service administration combined with telehealth; 2) provider challenges with filling staff vacancies due to COVID-19; and 3) ongoing service adjustments from adolescent providers to better accommodate school schedules.

PROGRAM TITLE: ADULT MENTAL HEALTH - OUTPATIENT
 PROGRAM-ID: HTH-420
 PROGRAM STRUCTURE NO: 050301

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	177.50	132.50	- 45.00	25	179.50	132.50	- 47.00	26	179.50	179.50	+ 0.00	0
EXPENDITURES (\$1000's)	72,096	68,859	- 3,237	4	15,841	14,928	- 913	6	56,763	65,052	+ 8,289	15
TOTAL COSTS												
POSITIONS	177.50	132.50	- 45.00	25	179.50	132.50	- 47.00	26	179.50	179.50	+ 0.00	0
EXPENDITURES (\$1000's)	72,096	68,859	- 3,237	4	15,841	14,928	- 913	6	56,763	65,052	+ 8,289	15
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % CONSUMERS LIVING IN A PRIVATE RESIDENCE	77	70	- 7	9	77	72	- 5	6				
2. % CONSUMERS EMPLOYED	14	14	+ 0	0	14	14	+ 0	0				
3. % SATISFIED CONSUMERS	92	91	- 1	1	92	92	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. EST PREVAL ADULTS W/SEVERE PERSIST MENTAL ILLNESS	29900	29700	- 200	1	30100	29570	- 530	2				
2. # PERS SERVED IN CRISIS SERVICES	3000	2993	- 7	0	3000	3000	+ 0	0				
PART IV: PROGRAM ACTIVITY												
1. # CONSUMERS SERVED: CMHCS	3300	2381	- 919	28	3300	2500	- 800	24				
2. # CONSUMERS SERVED: POS PROGRAMS	6250	5453	- 797	13	6300	5550	- 750	12				
3. # ELIGIBILITY DETERMINATIONS PERFORMED	1650	1418	- 232	14	1700	1450	- 250	15				
4. # CMHC ADMISSIONS	1000	636	- 364	36	1100	700	- 400	36				
5. # CMHC DISCHARGES	1200	706	- 494	41	1300	800	- 500	38				
6. # CONSUMERS SERVED: SPEC RESIDENTIAL SERVICES	100	62	- 38	38	100	65	- 35	35				
7. # CONSUMERS SERVED: GROUP HOME SERVICES	685	831	+ 146	21	685	850	+ 165	24				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 03 01
HTH 420

PROGRAM TITLE: ADULT MENTAL HEALTH - OUTPATIENT

PART I - EXPENDITURES AND POSITIONS

FY 22: At the end of the fiscal year, there were 45.00 vacant positions due to difficulties in hiring and retaining qualified individuals. The expenditure variance is attributed to vacancy savings and delays in the execution of purchase of service (POS) contracts.

FY 23: At the end of the 1st quarter, there were 47.00 vacant positions due to difficulties in hiring and retaining qualified individuals. The 1st quarter expenditure variance is attributed to vacancy savings and delays in the execution of POS contracts. The expenditure variance at the end of the fiscal year is 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 22 and FY 23: 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 Community Mental Health Centers (CMHC). The variances were also caused by less staff available in the CMHCs to provide services due to vacant positions.

Item 2. FY 22 and FY 23: 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 POS programs.

Item 3. FY 22 and FY 23: 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 22 and FY 23: 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 22 and FY 23: 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 22 and FY 23: 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 22 and FY 23: 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
 PROGRAM-ID: HTH-430
 PROGRAM STRUCTURE NO: 050302

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	737.00	561.00	- 176.00	24	721.00	582.50	- 138.50	19	721.00	685.00	- 36.00	5
EXPENDITURES (\$1000's)	93,992	86,009	- 7,983	8	22,571	17,496	- 5,075	22	68,685	73,760	+ 5,075	7
TOTAL COSTS												
POSITIONS	737.00	561.00	- 176.00	24	721.00	582.50	- 138.50	19	721.00	685.00	- 36.00	5
EXPENDITURES (\$1000's)	93,992	86,009	- 7,983	8	22,571	17,496	- 5,075	22	68,685	73,760	+ 5,075	7
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % CLIENTS DISCHARGED TO COMMUNITY-BASED SVCS	78	69	- 9	12	78	72	- 6	8				
2. % CLIENTS TREATED/DISCH W/CONT COMM TENURE > 12 MO	31	33	+ 2	6	32	34	+ 2	6				
3. % CLIENTS TRANSFERRED TO A CONTRACT FACILITY	29	13	- 16	55	31	18	- 13	42				
PART III: PROGRAM TARGET GROUP												
1. # PENAL COMMITMENT PATIENTS	362	331	- 31	9	372	300	- 72	19				
2. # CIVIL COMMITMENT PATIENTS	12	2	- 10	83	13	4	- 9	69				
PART IV: PROGRAM ACTIVITY												
1. # NEW ADMISSIONS	134	135	+ 1	1	138	135	- 3	2				
2. # READMISSIONS	236	198	- 38	16	242	198	- 44	18				
3. # DISCHARGES	370	275	- 95	26	380	275	- 105	28				
4. # FORENSIC/COURT-ORDERED ADMISSIONS	383	331	- 52	14	393	330	- 63	16				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 03 02
HTH 430

PROGRAM TITLE: ADULT MENTAL HEALTH - INPATIENT

PART I - EXPENDITURES AND POSITIONS

FY 22: As of June 30, 2022, there were a total of 176.00 vacant positions. This variance is due to a back log of vacancies caused by the statewide hiring freezes. It took some time to get the recruitment process moving again.

FY 23: As of September 30, 2022, there were a total of 138.50 vacant positions. The Hawaii State Hospital (HSH) continues to work through the backlog of vacant positions caused by the statewide hiring freezes. Some key vacancies in Human Resources have affected the ability for HSH to facilitate effective recruitment and hiring.

FY 22: As of June 30, 2022, HSH had a \$7,982,902 surplus due to the high vacancies. This variance equals to 8% of the budget.

FY 23: As of September 30, 2022, HSH had a \$5,075,000 surplus due to high vacancies and a delay in procurement and contracting. Several contracts are being reviewed and to be executed in the 2nd quarter. Funds could not be encumbered until the contracts are fully executed. HSH anticipates a lower vacancy rate by June 30, 2023.

PART II - MEASURES OF EFFECTIVENESS

Item 1. For FY 22, the percentage of patients discharged to community-based services was 69%, 12% less than the planned percentage of 78%. This is generally consistent with expectations.

Item 3. For FY 22, the percentage of clients transferred to a contract facility was 13%, 55% less than the planned percentage of 29%. This lower percentage is generally in line with expectations. For FY 23, the percentage of clients transferred to a contract facility is estimated at 18%, 42% less than the planned percentage of 31%. This lower percentage is generally in line with expectations.

PART III - PROGRAM TARGET GROUPS

Item 1. For FY 23, the estimated number of penal commitment patients is 300, 72 less than the planned number of 372 patients. This decrease is due to a decrease in the number of court hearings due to COVID-19.

Item 2. For FY 22, the actual number of civil commitment patients was 2, 10 less than the planned 12. This decrease is due to a decrease in patient flow through the legal system related to COVID-19. For FY 23, the estimated number of civil commitment patients is 4, 9 less than the planned 13 patients. This decrease is due to a decrease in patient flow through the legal system related to COVID-19.

PART IV - PROGRAM ACTIVITIES

Items 2-4. For FY 22 and FY 23, the variances are due to the possibility of 48 patients being re-admitted from Kahi Mohala Behavioral Health after Queens Medical Center bought Kahi Mohala Behavioral Health.

PROGRAM TITLE: ALCOHOL & DRUG ABUSE DIVISION
 PROGRAM-ID: HTH-440
 PROGRAM STRUCTURE NO: 050303

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	29.00	17.00	-	12.00	41	29.00	20.00	-	9.00	31	29.00	29.00	+	0.00	0
EXPENDITURES (\$1000's)	36,401	41,278	+	4,877	13	10,413	10,413	+	0	0	25,988	25,988	+	0	0
TOTAL COSTS															
POSITIONS	29.00	17.00	-	12.00	41	29.00	20.00	-	9.00	31	29.00	29.00	+	0.00	0
EXPENDITURES (\$1000's)	36,401	41,278	+	4,877	13	10,413	10,413	+	0	0	25,988	25,988	+	0	0
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % OF INDIVIDUALS SUCCESSFULLY COMPLETING TX SVCS	49	37	-	12	24	49	40	-	9	18					
2. % IND'LS REC'D CURR-BASED PREV SVS RPT SA ABSTINEN	95	96	+	1	1	95	96	+	1	1					
3. # INDIVIDUALS OBTAIN/MAINTAIN THEIR SA PROF CERT	970	942	-	28	3	1010	985	-	25	2					
4. % ATTENDEES RPTING SATISFACTION W/ TRNG EVENTS	96	96	+	0	0	96	96	+	0	0					
5. # SA TX PROGS THAT OBTAIN/MAINTAIN ACCREDITATION	24	21	-	3	13	24	21	-	3	13					
PART III: PROGRAM TARGET GROUP															
1. INDIVIDUALS IN NEED OF SA TREATMENT SVCS	93294	76100	-	17194	18	93294	76100	-	17194	18					
2. INDIVIDUALS IN NEED OF SA PREVENTION SVCS	286459	286459	+	0	0	286459	286459	+	0	0					
3. INDIVIDUALS WHO ARE SEEKING SA CERTIFICATION	320	310	-	10	3	320	300	-	20	6					
4. # SA DIRECT SVC STAFF THAT CAN BENEFIT FR SA TRNGS	1240	1500	+	260	21	1300	1400	+	100	8					
5. # OF SA TX PROGS THAT REQUIRE ACCREDITATION	21	21	+	0	0	21	20	-	1	5					
PART IV: PROGRAM ACTIVITY															
1. # OF INDIVIDUALS RECEIVING TX SVCS	5450	4576	-	874	16	5450	5000	-	450	8					
2. # OF INDIVIDUALS RECEIVE CURRICULUM-BASE PREV SVCS	1100	3739	+	2639	240	1100	3800	+	2700	245					
3. # PROVIDED INFO RE STATUS OF SA CERT/RECERT APP	420	437	+	17	4	420	440	+	20	5					
4. # SA CERT PROFS-OTHER SA STAFF ENROLLED IN TRNG	1680	1712	+	32	2	1680	1730	+	50	3					
5. # OF SA TX PROGS REVIEWED FOR ACCREDITATION	21	21	+	0	0	21	20	-	1	5					

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 03 03
HTH 440

PROGRAM TITLE: ALCOHOL & DRUG ABUSE DIVISION

PART I - EXPENDITURES AND POSITIONS

The FY 22 and FY 23 variances in vacant positions are primarily due to retaining qualified individuals in the civil service salaries and difficulties in filling temporary positions.

The FY 22 variance in expenditures is due to federal grant expenditures on no-cost extension periods of time.

PART II - MEASURES OF EFFECTIVENESS

Item 1. The decreased variance of 24% for FY 22 and the estimated variance of 18% for FY 23 are due to: 1) post-COVID-19 adjustments in returning to face-to-face service administration combined with telehealth; 2) provider challenges with filling staff vacancies due to COVID-19; and 3) ongoing service adjustments from adolescent providers to better accommodate school schedules.

Item 5. The decreased variance of 13% for FY 22 and the estimated decreased variance of 13% for FY 23 are attributed to an anticipated reduction in the number of provider entities obtaining and maintaining certification.

PART III - PROGRAM TARGET GROUPS

Item 1. The decreased variance of 18% for FY 22 and the estimated variance of 18% for FY 23 are due to updated prevalence rates based on federal data on individuals who need but are not receiving treatment in Hawaii.

Item 4. The increased actual variance of 21% for FY 22 is attributed to: 1) an increase of those seeking certification; 2) training available via zoom for more attendees; and 3) Workforce and Training contract executed.

PART IV - PROGRAM ACTIVITIES

Item 1. The decreased variance of 16% for FY 22 is due to: 1) post-COVID-19 adjustments to return to face-to-face service administration combined with telehealth; 2) provider challenges with filling staff vacancies due to COVID-19; and 3) ongoing service adjustments from adolescent providers to better accommodate school schedules.

Item 2. The increased actual variance of 240% for FY 22 and the estimated variance of 245% for FY 23 is attributed to: 1) implementation of evidence-based curriculum regardless of funding source; and 2) implementation of effective outreach, recruitment, and tracking strategies utilized by prevention providers to increase and sustain program enrollment.

PROGRAM TITLE: CHILD & ADOLESCENT MENTAL HEALTH
 PROGRAM-ID: HTH-460
 PROGRAM STRUCTURE NO: 050304

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	179.00	151.50	- 27.50	15	188.50	157.50	- 31.00	16	188.50	171.50	- 17.00	9
EXPENDITURES (\$1000's)	63,223	53,097	- 10,126	16	27,732	5,525	- 22,207	80	35,491	57,698	+ 22,207	63
TOTAL COSTS												
POSITIONS	179.00	151.50	- 27.50	15	188.50	157.50	- 31.00	16	188.50	171.50	- 17.00	9
EXPENDITURES (\$1000's)	63,223	53,097	- 10,126	16	27,732	5,525	- 22,207	80	35,491	57,698	+ 22,207	63
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % OF YOUTH RECEIVING IN-HOME SERVICES	53	52	- 1	2	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 RESIDTL SVCS	4	6	+ 2	50	4	4	+ 0	0				
4. % OF YOUTH RECV OUT/HOME HOSPIT BASED RESIDTL SVCS	3	3	+ 0	0	3	3	+ 0	0				
5. % OF YOUTH RECV OUT/HOME OUT OF STATE SERVICES	1	1	+ 0	0	1	1	+ 0	0				
6. AVE # OF DAYS YOUTH ENROLLED IN IN-HOME SVCS	237	211	- 26	11	237	237	+ 0	0				
7. AVE # OF DAYS YOUTH ENRO OUT/HOME THERAP FOST HOME	303	158	- 145	48	303	303	+ 0	0				
8. AVE # OF DAYS YOUTH ENRO OUT/HOME COMM BASED RESID	145	67	- 78	54	145	145	+ 0	0				
9. AVE # OF DAYS YOUTH ENRO OUT/HOME HOSP BASED SVCS	63	70	+ 7	11	63	63	+ 0	0				
10. AVE # OF DAYS YOUTH ENRO OUT/HOME OUT OF STATE SVC	425	456	+ 31	7	425	425	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. # OF YOUTH WITH MEDICAID ENROLLMENT AND TREATMENT	1847	1598	- 249	13	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	182	+ 89	96	93	93	+ 0	0				
4. # OF YOUTH AGE 12 AND UNDER	553	696	+ 143	26	553	553	+ 0	0				
5. # OF YOUTH WITH OTHER FUNDED TREATMENT	16	145	+ 129	806	16	16	+ 0	0				
PART IV: PROGRAM ACTIVITY												
1. TOTAL AMT (IN 1,000'S) BILLED FOR CONTRACTED SVCS	32000	20719	- 11281	35	32000	32000	+ 0	0				
2. TOTAL AMT REIMB (1,000'S) BY MEDCD FOR CONTRA SVC	11200	5781	- 5419	48	11200	12000	+ 800	7				
3. % OF CONTRACTED SVCS COSTS WHICH FED REIMB RECVD	35	28	- 7	20	35	35	+ 0	0				
4. TOTAL # OF YOUTH SERVED	2350	1834	- 516	22	2350	2350	+ 0	0				
5. TOTAL # OF YOUTH SERVED WITH CONTRACTED SERVICES	1425	1095	- 330	23	1425	1425	+ 0	0				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

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 a delay in getting a reorg completed and establishment and filling of Behavioral Health Initiative positions.

In addition, some positions had funding removed by the legislature, not allowing filling of these positions. This year the funding is restored and CAMHD will be able to fill these positions and has them currently in recruitment.

The shortage of expenditures is due to the vacancies and restrictions implemented by the Governor and the Department of Health. The restrictions were not lifted allowing CAMHD to expend these monies.

PART II - MEASURES OF EFFECTIVENESS

Item 3. The percentage of youth receiving community based residential services is such a small percentage rate estimated that staying below a 10% variance, +or- is difficult to maintain. However, this variance is partially due to the shortage of in-home therapists and the wait list for youth to receive other services. CAMHD is working with the in-home agencies to remedy this situation, but it will take time.

Item 6. The variance in the number of days youths are enrolled in in-home services is minimal, a variance of 11%. This is a great improvement for CAMHD youth over past years and has been reduced through more active review of clients and their stay in the placements.

Item 7. The variance in the number of days youth are in a therapeutic foster home is 48%. This is a great improvement for CAMHD youth over past years and has been reduced through more active review of clients and their stay in the placements. The expected time a youth should be in foster care is 5 months, and the youth are reaching this goal. Hopefully, through continued reviews, and active therapy and work it will continue in FY23.

Item 8. The variance in the number of days youth are in a community base residential (CBR) facility is at 54%. This is not a good representation of the actual usage of the service, as we had a new facility come online and facilities shut down, due to their inability to staff the program and properly provide the service. Also, with specific criteria for some of the CBRs, CAMHD will need to re-evaluate this measure during FY23 for future years.

Item 9. The variance in the number of days youth are enrolled in out-of-home hospital based services is minimal, a variance of 11%. This is a great improvement for CAMHD youth over past years and has been reduced through more active review of clients and their stay in the placements.

PART III - PROGRAM TARGET GROUPS

Item 1. The variance of kids enrollment with Medicaid (MQD) is only at 13%, just short of the anticipated number. There is an increase in registered enrollment in our "other" category, which are youth that have no insurance (most likely not yet MQD eligible), only eligible due to judicially encumbered or privately insured. CAMHD has developed a new outreach program to bring in new clients with all types of eligibility, including MQD.

Item 2. COVID caused youth not to be in the school setting, which decreased the number of referrals to CAMHD for youth eligible for services due to school based behavioral issues.

Item 3. There were more youth judicially encumbered than anticipated. With schools back in session, parents back at work and a closer eye on the youth while they are at school, it is anticipated that this will be reduced.

Item 4. CAMHD is serving a larger group of youth 12 and under, which enables youth to get help earlier in life, and hopefully resolve their mental health issues sooner, keeping them out of jail later in life.

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 03 04
HTH 460

PROGRAM TITLE: CHILD & ADOLESCENT MENTAL HEALTH

Item 5. CAMHD served many more youth through crisis intervention, which shows up in our "other" category. These youth are either going through MQD eligibility or never become eligible for services. But because we are mandated to provide crisis services, we have to register them as clients to pay the provider for their services.

PART IV - PROGRAM ACTIVITIES

Item 1. COVID decreased the number of youths served, which decreases the amount of money that can be billed on contracts. In addition, CAMHD had a couple of contracts that closed due to staffing issues, and a program that took longer for start-up than anticipated.

Item 2. CAMHD had less youth eligible for MQD services, as well as CAMHD providing direct services that are not billable to MQD, which causes the variance in the amount of money that could be reimbursed by MQD to CAMHD

Item 3. The % of contracted service costs which MQD reimbursed received was -20%. Due to delays by MQD, CAMHD did not receive reimbursements timely in FY22. FY23 reimbursements will have higher reimbursements that include the monies that were not paid during FY22. CAMHD has been working with the MQD to resolve the issues with their system.

Item 4. Due to COVID, CAMHD had a decrease in youth served, with the new outreach program and schools being back in full session face to face, it is anticipated that the numbers will increase to where they should be.

Item 5. Same as #4.

PROGRAM TITLE: DEVELOPMENTAL DISABILITIES
 PROGRAM-ID: HTH-501
 PROGRAM STRUCTURE NO: 050305

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	197.75	165.75	-	32.00	16	211.00	161.00	-	50.00	24	211.00	211.00	+	0.00	0
EXPENDITURES (\$1000's)	96,890	95,338	-	1,552	2	25,244	38,874	+	13,630	54	82,058	68,428	-	13,630	17
TOTAL COSTS															
POSITIONS	197.75	165.75	-	32.00	16	211.00	161.00	-	50.00	24	211.00	211.00	+	0.00	0
EXPENDITURES (\$1000's)	96,890	95,338	-	1,552	2	25,244	38,874	+	13,630	54	82,058	68,428	-	13,630	17

	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23					
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%		
PART II: MEASURES OF EFFECTIVENESS										
1. % OF PERSONS WITH D/ID RCVNG DD SRVCS	13	12	-	1	8	13	13	+	0	0
2. # PERSONS W/DD REMAING IN INSTIT (SMALL ICF/ID)	80	66	-	14	18	80	81	+	1	1
3. # ADULTS CHOOSING THEIR OWN LIVING ARRANGEMENTS	2760	2950	+	190	7	2760	2950	+	190	7
4. % ADULT FOSTER HOMES RECERTIFIED PRIOR TO EXP CERT	90	100	+	10	11	90	95	+	5	6
5. % PERSONS IN HSH RECEIVING DENTAL TREATMENTS	95	96	+	1	1	95	95	+	0	0
6. % PERCENT PERSONS WHO COMPLETE DENTAL TREATMENT	45	43	-	2	4	45	45	+	0	0

PART III: PROGRAM TARGET GROUP												
1. # OF PERSONS SUBMTG APPLICATIONS EGBL FOR DD SRVCS	125	142	+	17	14	125	145	+	20	16		
2. # OF PEOPLE IN NEED OF NEUROTRAUMA SERVICES	575	575	+	0	0	575	575	+	0	0		

PART IV: PROGRAM ACTIVITY												
1. # UNDUPLICATED INDVDLS RCVNG STATE-FUNDED SUPPORTS	110	92	-	18	16	110	110	+	0	0		
2. # OF NEW APPLICANTS FOR DD SERVICES	200	135	-	65	33	200	150	-	50	25		
3. # OF PERSONS RECEIVING HCBS-DD/ID WAIVER	2900	2984	+	84	3	2900	3000	+	100	3		
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	114	152	+	38	33	114	150	+	36	32		
6. # OF PERSONS W/DD IN COMPETITIVE/SELF EMPLOYMENT	177	177	+	0	0	177	177	+	0	0		
7. % ADVRS EVNT RPRTS W/PLAN TO PREVENT ADVERSE EVENT	95	99	+	4	4	95	95	+	0	0		
8. # OF PERSONS RECEIVING CASE MANAGEMENT SERVICES	3300	3412	+	112	3	3300	3500	+	200	6		
9. # PERSONS IN HSH RECEIVING DENTAL TREATMENT	240	101	-	139	58	240	115	-	125	52		
10. #PERSONS RECEIVING DENTAL TREATMENT AT DOH CLINICS	1450	1019	-	431	30	1450	1100	-	350	24		

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 03 05
HTH 501

PROGRAM TITLE: DEVELOPMENTAL DISABILITIES

PART I - EXPENDITURES AND POSITIONS

FY 22: The 16% variance in position counts for FY 22 was due to the inability to fill four unfunded positions and one position being re-described to meet the program needs. The remaining 27 positions are being actively recruited. The 2% change in FY 22 expenditures is due to the decrease in Waiver service utilization during the pandemic.

FY 23: The 24% variance in position counts for FY 23 is due to 13 new positions and 4 unfunded positions that were approved in the 2020 Legislative Session and 2 positions being re-described to meet program needs. The establishment of the 13 positions and redescription of 2 positions are pending Department of Health-Human Resources Office approval. The remaining 35 positions are being actively recruited.

FY 23: The expenditure variance of 54% for FY 23 is due to nine newly implemented initiatives which were funded by Section 9817 of the American Rescue Plan Act of 2021.

PART II - MEASURES OF EFFECTIVENESS

Item 2: The variance for FY 22 is due to fewer admissions and more discharges into these programs by the Department of Human Services, Med-QUEST Division.

Item 4: The FY 22 variance is due to having systematic processes in place to ensure that adult foster homes are inspected and re-certified timely.

PART III - PROGRAM TARGET GROUPS

Item 1: The FY 22 variance is due to an increase in persons qualifying for Medicaid during the COVID-19 pandemic and an increase in persons with intellectual and developmental disabilities seeking services during the ongoing COVID-19 pandemic. The FY 23 variance is due to an increase in persons qualifying for Medicaid in FY 22.

PART IV - PROGRAM ACTIVITIES

Item 1: The FY 22 variance is due to fewer people accessing State-funded services and a greater percentage of new participants who were eligible for 1915(c) Medicaid Waiver Services.

Item 2: The FY 22 variance is due to implementation of new intake and eligibility policies and procedures that allow for improved screening of applicant needs and direction toward programs more specific for meeting their needs. The procedural changes have resulted in better specificity for eligibility determinations for developmental disabilities applicants. The FY 23 variance is due to implementation of new intake and eligibility policies and procedures that support better specificity for eligibility and support the needs of applicants.

Item 4: The FY 22 variance is due to more adult foster homes that were free of medication error. The Developmental Disabilities Division provides oversight and training to support caregivers in the safe and appropriate administration of medication.

Item 5: The variances for FY 22 and FY 23 are due to more participants meeting their goals to live independently.

Item 9: The variance for FY 22 is due to less Hawaii State Hospital (HSH) admittance of court admitted patients. The estimated persons receiving dental treatment for FY 23 is based on the actual number of patients treated in FY 22 and past HSH admittance of court admitted patients.

Item 10: The variance for FY 22 is due to the COVID-19 pandemic. The patients were deferring dental treatment. It is also due to vacant and cut positions which significantly decreased the clinics' operational capacities to treat patients. The FY 23 estimated persons receiving dental treatment is based on the current vacant positions which significantly decreases the clinics' operational capacities to treat patients.

PROGRAM TITLE: BEHAVIORAL HEALTH ADMINISTRATION
 PROGRAM-ID: HTH-495
 PROGRAM STRUCTURE NO: 050306

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	39.50	32.00	- 7.50	19	40.50	30.00	- 10.50	26	40.50	40.50	+ 0.00	0
EXPENDITURES (\$1000's)	6,466	12,023	+ 5,557	86	1,328	3,293	+ 1,965	148	5,074	11,557	+ 6,483	128
TOTAL COSTS												
POSITIONS	39.50	32.00	- 7.50	19	40.50	30.00	- 10.50	26	40.50	40.50	+ 0.00	0
EXPENDITURES (\$1000's)	6,466	12,023	+ 5,557	86	1,328	3,293	+ 1,965	148	5,074	11,557	+ 6,483	128
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	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	100	+ 0	0	100	100	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. RESIDENT POPULATION	1421000	1442000	+ 21000	1	1425000	1440000	+ 15000	1				
2. # PURCHASE-OF-SERVICE PROVIDERS	NO DATA	54	+ 54	0	NO DATA	56	+ 56	0				
PART IV: PROGRAM ACTIVITY												
1. # PURCHASE-OF-SERVICE PROGRAMS TO BE MONITORED	NO DATA	54	+ 54	0	NO DATA	56	+ 56	0				
2. # OF GRANT APPLICATIONS SUBMITTED	2	4	+ 2	100	2	4	+ 2	100				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 03 06
HTH 495

PROGRAM TITLE: BEHAVIORAL HEALTH ADMINISTRATION

PART I - EXPENDITURES AND POSITIONS

FY 22: At the end of the fiscal year, there were 7.50 vacant positions due to positions still being classified based on the reorganization. The expenditure variance is attributed to expenditures from non-appropriated federal funds.

FY 23: At the end of the 1st quarter, there were 10.50 vacant positions due to positions still being classified based on the reorganization. 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

Item 2. FY 22 and FY 23: "NO DATA" is shown because the effect of the Program Review was not known when the planned data was being reported. The previously estimated number of purchase of service program providers was 57.

PART IV - PROGRAM ACTIVITIES

Item 1. FY 22 and FY 23: "NO DATA" is shown because the effect of the Program Review was not known when the planned data was being reported. The previously estimated number of purchase of service programs to be monitored was 57.

Item 2. FY 22 and FY 23: The variances are attributed to an increase in federal grant opportunities resulting in an increase in grant applications being submitted.

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	274.80	208.40	- 66.40	24	276.00	210.60	- 65.40	24	276.00	270.00	- 6.00	2
EXPENDITURES (\$1000's)	31,542	26,627	- 4,915	16	9,512	6,162	- 3,350	35	37,435	40,452	+ 3,017	8
TOTAL COSTS												
POSITIONS	274.80	208.40	- 66.40	24	276.00	210.60	- 65.40	24	276.00	270.00	- 6.00	2
EXPENDITURES (\$1000's)	31,542	26,627	- 4,915	16	9,512	6,162	- 3,350	35	37,435	40,452	+ 3,017	8
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % FOOD SERVICE ESTABLISHMENTS THAT MEET STANDARDS	85	88	+ 3	4	85	85	+ 0	0				
2. % OF REQUESTS FOR SERVICES MET (STATE LAB SVCS)	100	100	+ 0	0	100	100	+ 0	0				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

PROGRAM TITLE: ENVIRONMENTAL HEALTH

05 04

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.

PROGRAM TITLE: ENVIRONMENTAL HEALTH SERVICES
 PROGRAM-ID: HTH-610
 PROGRAM STRUCTURE NO: 050401

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	160.00	118.00	-	42.00	26	160.00	118.00	-	42.00	26	160.00	155.00	-	5.00	3
EXPENDITURES (\$1000's)	12,459	9,467	-	2,992	24	3,369	2,418	-	951	28	9,429	10,380	+	951	10
TOTAL COSTS															
POSITIONS	160.00	118.00	-	42.00	26	160.00	118.00	-	42.00	26	160.00	155.00	-	5.00	3
EXPENDITURES (\$1000's)	12,459	9,467	-	2,992	24	3,369	2,418	-	951	28	9,429	10,380	+	951	10

	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23					
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%		
PART II: MEASURES OF EFFECTIVENESS										
1. % OF SCHOOLS IN COMPLIANCE WITH AHERA (IRH)	90	82	-	8	9	90	90	+	0	0
2. % FOOD ESTABLISHMENTS RECEIVING "PASS" PLACARD	85	88	+	3	4	85	85	+	0	0
3. % FOOD ESTABMTS RCVG "CONDITIONAL PASS" PLACARD	15	12	-	3	20	15	15	+	0	0
4. % FOOD ESTABLISHMENTS RECEIVING "CLOSED" PLACARD	1	1	+	0	0	1	1	+	0	0
5. % FARMS W/ VIOLATIVE PESTICIDE RESIDUES	20	8	-	12	60	20	15	-	5	25
6. % FOOD ESTABMTS W/RISK FACTORS FOODBORNE ILLNESS	15	12	-	3	20	15	15	+	0	0
7. % AIR-CONDITIOND/VENTILATD FACILITIES IN COMPLIANC	80	93	+	13	16	80	80	+	0	0
8. % NOISE PERMITS IN COMPLIANCE (IRH)	98	100	+	2	2	98	98	+	0	0
9. % RADIATION FACILITIES IN COMPLIANCE (IRH)	70	77	+	7	10	70	70	+	0	0
10. % ASBESTOS RENOV/DEMO (NESHAP) PROJS IN COMPLIANCE	90	86	-	4	4	90	90	+	0	0

PART III: PROGRAM TARGET GROUP												
1. # SCHLS REQUIRED TO IMPLMT ASBESTOS MGT PLAN (IRH)	440	440	+	0	0	440	440	+	0	0		
2. # FOOD ESTABLISHMENTS	10000	10396	+	396	4	10000	10400	+	400	4		
3. POPULATION OF HAWAII	1300000	1420000	+	120000	9	1300000	1420000	+	120000	9		
4. # TEMPORARY FOOD ESTABLISHMENT PERMITTEES	5000	4227	-	773	15	5500	5000	-	500	9		
5. # FARMS WITH VIOLATIVE PESTICIDE RESIDUES	20	8	-	12	60	20	3	-	17	85		
6. # LICENSED RADIOLOGIC TECHNOLOGISTS (IRH)	1500	1639	+	139	9	1500	1500	+	0	0		
7. # TATTOO SHOPS	275	236	-	39	14	275	240	-	35	13		
8. # SITES WITH A NOISE PERMIT	450	543	+	93	21	450	450	+	0	0		
9. # OF RADIATION FACILITIES (IRH)	1100	1134	+	34	3	1100	1100	+	0	0		
10. # ASBESTOS RENOVATN/DEMOLITN (NESHAP) PROJS (IRH)	700	700	+	0	0	700	700	+	0	0		

PART IV: PROGRAM ACTIVITY												
1. # INSPECTIONS OF AHERA SOURCES (IRH)	100	104	+	4	4	100	100	+	0	0		
2. # ROUTINE INSPECTIONS OF FOOD ESTABLISHMENTS	4500	12041	+	7541	168	7500	12000	+	4500	60		
3. # FOOD SAFETY INSPECTIONS W/ 2/MORE MAJOR VIOLATNS	450	1478	+	1028	228	700	1400	+	700	100		
4. # AS-BUILT AC/VENTILATION INSPECTIONS (IRH)	60	47	-	13	22	60	55	-	5	8		
5. # FOOD PRODUCTS SAMPLED FOR PESTICIDE RESIDUE	400	245	-	155	39	400	120	-	280	70		
6. # FOODBORNE ILLNESS INVESTIGATIONS CONDUCTED	75	157	+	82	109	150	150	+	0	0		
7. # RADIOLOGIC TECHS AUDITD FOR LICENSURE COMPLIANCE	800	849	+	49	6	800	800	+	0	0		
8. # NOISE PERMIT INSPECTIONS (IRH)	1100	1201	+	101	9	1100	1100	+	0	0		
9. # INSPECTIONS OF RADIATION FACILITIES (IRH)	225	213	-	12	5	225	225	+	0	0		
10. # FOOD SAFETY CLASSES CONDUCTED	350	360	+	10	3	400	400	+	0	0		

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

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 22 and for the first three months of FY 23 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). Act 248, SLH 2022, restored the salaries for three positions. A major reorganization of the Sanitation Branch (now Food Safety Branch) was completed in FY 20, with two new positions established in August 2022 and five positions that are anticipated to be established and filled by the end of FY 23.

For expenditures, the variances for FY 22 and FY 23 1st quarter are primarily due to vacancy savings. The variance for FY 23 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 a 3% improvement change from the previous year, but due to the small actual number, it appears to be a variance. The percent of PASS placards is the corresponding number and increased. The program continues to focus on reducing risk factors in the regulated community.

Item 5. The variances are due to reporting the number of Oahu farms with violative pesticide residues instead of the percentage. This indicator will be updated for the next biennium to reflect a more accurate measure of effectiveness.

Item 6. The variance for FY 22 is a slight improvement in actual change in percent of food facilities with multiple risk factors from 15% to 12.3%. 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 22.

Item 9. The increase in the compliance rate for FY 22 can be attributed to additional outreach including the "Hawaii Rad Health" newsletter provided to radiation facilities statewide.

PART III - PROGRAM TARGET GROUPS

Item 4. The FY 22 variance is due to slowly lifting Mayoral and Gubernatorial Emergency Orders and Proclamations that limited the gathering of people because of the pandemic. This prevented the issuance of Temporary Food Sale (Special Event) permits.

Item 5. The variances are due to overestimating the planned data. The Food and Drug Branch was reestablished in 2019 and lacked historical data to accurately estimate data for FY 22 and FY 23.

Item 7. The variances are probably indicative of the struggling economy and slow return of tourism.

Item 8. The variance in FY 22 is due to an increase in construction projects, commercial development, and construction activity outreach statewide.

PART IV - PROGRAM ACTIVITIES

Item 2. The variances are 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 increased the amount of time that staff are in the field. The Oahu staff no longer report to the office for two hours in the morning as was customary pre-pandemic. The recovery of the food industry is directly related to the economic recovery of tourism from the ongoing pandemic.

Item 3. The large variances correspond to the significant increase in the number of routine inspections done, which resulted in significantly more inspections where major violations were found. The number is expected to be similar in FY 23 to the FY 22 level.

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 04 01
HTH 610

PROGRAM TITLE: ENVIRONMENTAL HEALTH SERVICES

Item 4. The variance for FY 22 is due to the unexpected vacancy of one of the two Indoor Air Quality Unit staff during FY 22.

Item 5. The variances are due to overestimating the planned data. The Food and Drug Branch was reestablished in 2019 and lacked historical data to accurately estimate data for FY 22 and FY 23.

Item 6. This metric has been very unstable during the pandemic. A huge drop in reported illnesses was seen (13 in FY 20 and 68 in FY 21) that has increased to 157 in FY 22. The increase may also be due to a large increase in the number of diners in FY 22 as compared to FY 21 when many food establishments had to close because of the pandemic restrictions. People may also be handwashing less as public health messaging has decreased. Pre-pandemic, the number of food illness investigations historically had been 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.

PROGRAM TITLE: STATE LABORATORY SERVICES
 PROGRAM-ID: HTH-710
 PROGRAM STRUCTURE NO: 050402

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	72.00	58.00	- 14.00	19	72.00	60.00	- 12.00	17	72.00	72.00	+ 0.00	0
EXPENDITURES (\$1000's)	9,722	8,907	- 815	8	2,619	2,153	- 466	18	21,122	21,588	+ 466	2
TOTAL COSTS												
POSITIONS	72.00	58.00	- 14.00	19	72.00	60.00	- 12.00	17	72.00	72.00	+ 0.00	0
EXPENDITURES (\$1000's)	9,722	8,907	- 815	8	2,619	2,153	- 466	18	21,122	21,588	+ 466	2
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
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
PART III: PROGRAM TARGET GROUP												
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	150	196	+ 46	31	150	180	+ 30	20	150	180	+ 30	20
4. # OF LICENSED CLINICAL LABORATORY PERSONNEL	1650	1390	- 260	16	1650	1400	- 250	15	1650	1400	- 250	15
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	3	+ 1	50	2	3	+ 1	50	2	3	+ 1	50
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	4	+ 0	0	4	3	- 1	25	4	3	- 1	25
PART IV: PROGRAM ACTIVITY												
1. DRINKING WATER (WORK TIME UNITS)	360000	1006188	+ 646188	179	360000	400000	+ 40000	11	360000	400000	+ 40000	11
2. WATER POLLUTION (WORK TIME UNITS)	380000	315779	- 64221	17	380000	325000	- 55000	14	380000	325000	- 55000	14
3. SEXUALLY TRANSMITTED DISEASE (WORK TIME UNITS)	NO DATA	319727	+ 319727	0	NO DATA	320000	+ 320000	0	NO DATA	320000	+ 320000	0
4. OTHER COMMUNICABLE DISEASES (WORK TIME UNITS)	NO DATA	577950	+ 577950	0	NO DATA	575000	+ 575000	0	NO DATA	575000	+ 575000	0
5. FOOD AND DRUGS (WORK TIME UNITS)	NO DATA	337198	+ 337198	0	NO DATA	300000	+ 300000	0	NO DATA	300000	+ 300000	0
6. AIR POLLUTION (WORK TIME UNITS)	NO DATA	662399	+ 662399	0	NO DATA	680000	+ 680000	0	NO DATA	680000	+ 680000	0
7. # OF LABORATORY INSPECTIONS	NO DATA	27	+ 27	0	NO DATA	30	+ 30	0	NO DATA	30	+ 30	0
8. # OF LAB PERSONNEL RECEIVING FORMAL LAB TRAINING	NO DATA	110	+ 110	0	NO DATA	110	+ 110	0	NO DATA	110	+ 110	0

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 04 02
HTH 710

PROGRAM TITLE: STATE LABORATORY SERVICES

PART I - EXPENDITURES AND POSITIONS

The variance in positions in FY 22 is due to the pandemic which added additional requirements to the already slow approval and recruitment process. There was also a decrease in the pool of qualified candidates due to private sector competition that offers more competitive pay and are able to hire more experienced and qualified candidates. Additionally, the State Laboratories Division's (SLD) long tenured employees have started to retire.

The variance in positions in the three months that ended September 30, 2022, is due to a slow approval and recruitment process and the lack of available qualified candidates.

The expenditure variance in FY 22 of greater than \$40,000 is due to expenditures that were not approved at year end because of procurement rules and regulations.

The 18% expenditure variance in the three months that ended September 30, 2022, is due to unfilled positions and a delay in encumbering contracts.

The nine months ending June 30, 2023, estimated actual expenditures variance of 2% includes the spending of hard and soft restrictions that were placed on the SLD. The SLD electricity costs have more than doubled during FY 23. Plans are to request the release of the restricted funds to pay for the increased electricity costs. The \$14 million operating capital improvement program funds lapse June 30, 2024, and are included in the estimated actual expenditures, although the funds can be carried forward to the following fiscal year.

PART II - MEASURES OF EFFECTIVENESS

No significant variances.

PART III - PROGRAM TARGET GROUPS

Item 3. FY 22 and FY 23: The increase of in the number of clinical lab personnel applying for licensure is due to traveling technicians working on the COVID-19 pandemic and shortages in the overall workforce.

Item 4. FY 22 and FY 23: The decrease in the number of clinical laboratory personnel is due to retirement and laboratory personnel leaving the State.

Item 6. FY 22 and FY 23: The increase is to correct the count from two to three laboratories.

Item 8. FY 23: The decrease is due to the planned closer of one laboratory.

PART IV - PROGRAM ACTIVITIES

Item 1. Drinking water work time units (WTU) increased 179% due to emergency testing needed for the Red Hill Navy fuel spill and the Water Infrastructure Improvements for the Nation project that tests all drinking water for lead at public schools and daycare facilities.

Item 2. Water pollution WTUs decreased 17% due to decreased samples being submitted by the program and a vacancy in the section.

Items 3-8. The planned data for program activities are not provided due to the FB 2021-23 Program Review.

PROGRAM TITLE: HEALTH CARE ASSURANCE
 PROGRAM-ID: HTH-720
 PROGRAM STRUCTURE NO: 050403

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	42.80	32.40	- 10.40	24	44.00	32.60	- 11.40	26	44.00	43.00	- 1.00	2
EXPENDITURES (\$1000's)	9,361	8,253	- 1,108	12	3,524	1,591	- 1,933	55	6,884	8,484	+ 1,600	23
TOTAL COSTS												
POSITIONS	42.80	32.40	- 10.40	24	44.00	32.60	- 11.40	26	44.00	43.00	- 1.00	2
EXPENDITURES (\$1000's)	9,361	8,253	- 1,108	12	3,524	1,591	- 1,933	55	6,884	8,484	+ 1,600	23
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	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				
2. % OF UNLICENSED SETTINGS BROUGHT INTO COMPLIANCE	100	100	+ 0	0	100	100	+ 0	0				
3. % COMPLAINTS INVESTGTD & CORRECTV ACTION COMPLETED	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				
2. SKILL NURS(SNF), INTERM CARE FAC (ICF) AND ICF-ID	48	45	- 3	6	48	45	- 3	6				
3. ADULT RESIDENTIAL/FOSTER/COMMUNITY HOMES/DAY CARE	1790	1709	- 81	5	1790	1710	- 80	4				
4. ESRD AND HOSPICE FACILITIES AND AGENCIES	47	48	+ 1	2	47	48	+ 1	2				
5. SPCL TREATMENT FACILITIES/THERAPEUTIC LIVING PROGS	35	38	+ 3	9	35	38	+ 3	9				
6. CASE MGMT AGENCIES AND DIETICIANS	155	216	+ 61	39	155	125	- 30	19				
7. CLINICAL LABORATORIES	782	993	+ 211	27	782	990	+ 208	27				
8. HOME HLTH AGENCIES/HOME CARE AGENCIES	75	165	+ 90	120	75	165	+ 90	120				
9. AMBULATORY SURGICAL CENTERS	23	23	+ 0	0	23	23	+ 0	0				
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF STATE LICENSING SURVEYS	2060	3798	+ 1738	84	2060	3800	+ 1740	84				
2. NUMBER OF MEDICARE CERTIFICATION SURVEYS	100	100	+ 0	0	100	105	+ 5	5				
3. NUMBER OF STATE COMPLAINT INVESTIGATIONS	70	136	+ 66	94	70	125	+ 55	79				
4. NUMBER OF FEDERAL COMPLAINT INVESTIGATIONS	100	71	- 29	29	100	75	- 25	25				
5. NUMBER OF INVESTIGATIONS OF UNLICENSED ACTIVITIES	25	11	- 14	56	25	25	+ 0	0				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 04 03
HTH 720

PROGRAM TITLE: HEALTH CARE ASSURANCE

PART I - EXPENDITURES AND POSITIONS

POSITIONS:

FY 22: The Office of Health Care Assurance (OHCA) had 10.40 vacancies in FY 22. Most of the vacancies were due to 4.40 full-time equivalent (FTE) position counts being unfunded or partially funded and 3.00 FTEs being redescribed or varied in OHCA's proposed reorganization.

FY 23: The vacancy rate remains high by September 30, 2022. The unfunded and partially funded positions are fully funded in FY 23. The reorganization should be completed by the 3rd quarter of FY 23. As a result, OHCA estimates to fill most of the vacant positions by June 30, 2023, and have significantly lower vacancies.

EXPENDITURES:

FY 22: OHCA had \$500,000 in Civil Monetary Penalty (CMP) funds in the budget but was unable to spend it in FY 22 due to the delay in procurement and contracting to implement OHCA's CMP investment plan as approved by the Centers for Medicare & Medicaid Services. Also, OHCA had \$4,841,562 in federal fund budget. The actual federal expenditure was \$451,009 less than the budget. This federal variance is consistent and expected. The higher budget for Medicare Title XVIII is necessary. OHCA must use the Medicare Title XVIII funds while waiting for reimbursement from the Department of Human Services.

FY 23: The \$1,933,000 variance in the 1st quarter is due to the delay in encumbrance. OHCA will be able to encumber contracts in the 2nd quarter, and in anticipation of a lowered vacancy rate and other expenditures, expenditures in the 2nd through 4th quarters will be higher than the 1st quarter.

PART II - MEASURES OF EFFECTIVENESS

In FY 22 and FY 23, OHCA met its goals and expectations.

PART III - PROGRAM TARGET GROUPS

Item 6. For FY 22, there was a significant increase in the number of licensed dietitians to 216 since the majority of dietitians renewed their license during FY 22. Dietitian licenses are renewed every three years, which resulted in more renewed licenses than in other years. The FY 22 count is a combination of case management agencies and dietitians. The number of case management agencies is stable. For FY 23, the estimated number of dietitians to be licensed or relicensed is lower than the actual number in FY 22 since most dietitians renewed their license in FY 22. The FY 23 count is a combination of case management agencies and dietitians. The number of case management agencies is expected to remain stable.

Item 7. For FY 22, the COVID-19 pandemic saw increased activities in the number of applicants for lab licenses, permits, or waived testing locations and collection agencies. The actual number of clinical laboratories was significantly increased to 993. For FY 23, the number of clinical laboratories is estimated to be 990. This estimate is based on an assumption that labs will remain open due to public demand for lab services.

Item 8. For FY 22, the number of licensed home care agencies continues to grow. Combined with home health agencies, the actual total number of licensed agencies increased to 165. For FY 23, the estimated number of the licensed agencies is the same as the actual number in FY 22 at 165.

PART IV - PROGRAM ACTIVITIES

Item 1. For FY 22 and FY 23, the number of State licensing surveys includes initial (new) license surveys, license renewal surveys, mandatory visits, and revisits to verify facilities' corrective actions. Previous activity counts only included initial and license renewal surveys. The new count is more indicative of program activity and staff and other resource time and effort.

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 04 03
HTH 720

PROGRAM TITLE: HEALTH CARE ASSURANCE

Item 3. For FY 22, complaints are difficult to plan for. OHCA had received more complaints than anticipated, likely due to concerns over the COVID-19 pandemic, heightened public expectations, and media attention. For FY 23, the number of complaint investigations are estimated to be 125, which is lower than the actual number in FY 22 since COVID-19 is under better control.

Item 4: For FY 22, complaints are difficult to plan for. The number of planned complaints was over-planned. For FY 23, the estimated number of complaints is 75, which is slightly higher than but roughly equivalent to the actual number in FY 22.

Item 5: For FY 22, OHCA planned to conduct a number of complaint investigations on unlicensed care homes under a Memorandum of Agreement with the Department of Attorney General's (AG) Investigations Office in which the AG's investigator assists in conducting complaint investigations to ensure thorough and objective investigations. However, the AG's Investigations Office suddenly lost a key investigator who had been assigned to assist OHCA on these investigations. As a result, the number of actual investigations declined to 11. For FY 23, the AG's office has reacquired the investigator. As a result, the investigations are expected to remain the same at 25 as planned. However, it's noteworthy that there are more possible unlicensed homes on OHCA's list to investigate but a lack of resources is preventing these investigations. Therefore, OHCA will prioritize the investigations. If investigations go quickly, OHCA may be able to conduct more than the estimated 25.

PROGRAM TITLE:

OVERALL PROGRAM SUPPORT

12/2/22

PROGRAM-ID:

PROGRAM STRUCTURE NO: 0505

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	190.00	157.00	-	33.00	17	199.00	156.00	-	43.00	22	199.00	199.00	+	0.00	0
EXPENDITURES (\$1000's)	19,401	21,544	+	2,143	11	5,273	4,029	-	1,244	24	16,015	17,216	+	1,201	7
TOTAL COSTS															
POSITIONS	190.00	157.00	-	33.00	17	199.00	156.00	-	43.00	22	199.00	199.00	+	0.00	0
EXPENDITURES (\$1000's)	19,401	21,544	+	2,143	11	5,273	4,029	-	1,244	24	16,015	17,216	+	1,201	7
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % CERTIF OF NEED APPLIC DOCUMNTNG RELATION TO HSFP	NO DATA	95	+	95	0	NO DATA	95	+	95	0					
2. % OF STRATEGIES COMPLETED IN HAWAII STATE DD PLAN	75	78	+	3	4	85	95	+	10	12					

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

PROGRAM TITLE: OVERALL PROGRAM SUPPORT

05 05

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 variance is due to the COVID-19-related activities added to the State plan.

PROGRAM TITLE: STATE HEALTH PLNG & DVLPMNT AGENCY
 PROGRAM-ID: HTH-906
 PROGRAM STRUCTURE NO: 050501

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	6.00	4.00	-	2.00	33	6.00	4.00	-	2.00	33	6.00	6.00	+	0.00	0
EXPENDITURES (\$1000's)	590	445	-	145	25	161	107	-	54	34	485	539	+	54	11
TOTAL COSTS															
POSITIONS	6.00	4.00	-	2.00	33	6.00	4.00	-	2.00	33	6.00	6.00	+	0.00	0
EXPENDITURES (\$1000's)	590	445	-	145	25	161	107	-	54	34	485	539	+	54	11

	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23					
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%		
PART II: MEASURES OF EFFECTIVENESS										
1. % CERTIF OF NEED APPL DOCUMTNG RELATIN TO HSFP	NO DATA	95	+	95	0	NO DATA	95	+	95	0
2. % OF CON APPL APPRVD BASED ON FINDGS REL TO HSFP	NO DATA	85	+	85	0	NO DATA	95	+	95	0
3. % SHCC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL	NO DATA	25	+	25	0	NO DATA	25	+	25	0
4. % SHCC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP	NO DATA	30	+	30	0	NO DATA	35	+	35	0
5. % SAC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL	NO DATA	35	+	35	0	NO DATA	35	+	35	0
6. % SAC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP	NO DATA	35	+	35	0	NO DATA	40	+	40	0
7. PERCENT OF PREVIOUS YEAR'S CON APPROVALS MONITORED	NO DATA	100	+	100	0	NO DATA	0	+	0	0
8. % HTH CARE FAC SUBM SEMI-ANN REPTS W/IN SPCFD TIME	NO DATA	95	+	95	0	NO DATA	95	+	95	0
9. % USRS RATG SEMI-ANN REPTS AS HELPFUL/VERY HELPFUL	NO DATA	90	+	90	0	NO DATA	90	+	90	0
10. NUMBER OF SPECIAL REPORTS PUBLISHED	NO DATA	2	+	2	0	NO DATA	1	+	1	0

PART III: PROGRAM TARGET GROUP												
1. ALL THE PEOPLE OF THE STATE OF HAWAII	NO DATA	1460	+	1460	0	NO DATA	1460	+	1460	0		
2. VOLUNTEERS INVOLVED IN SHCC/SUB-AREA COUNCILS	NO DATA	140	+	140	0	NO DATA	40	+	40	0		
3. PUBLIC AND PRIVATE HEALTH CARE SERVICE PROVIDERS	NO DATA	85	+	85	0	NO DATA	85	+	85	0		
4. HEALTH CARE RESEARCHERS, DEVELOPERS AND ANALYSTS	NO DATA	35	+	35	0	NO DATA	35	+	35	0		
5. HEALTH CARE FOCUSED ASSOCIATIONS	NO DATA	12	+	12	0	NO DATA	12	+	12	0		

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

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 05 01
HTH 906

PROGRAM TITLE: STATE HEALTH PLNG & DVLPMNT AGENCY

PART I - EXPENDITURES AND POSITIONS

The variances for positions and expenditures in FY 22 and the first quarter of FY 23 are due to two vacant positions - Comprehensive Health Planning Coordinator, which the Department of Human Resources Development will provide a list, and the Governor appointed Administrator.

The variance of 11% in FY 23 2nd, 3rd, and 4th quarters is for the Administrator position salary which may exceed the budgeted amount. The Administrator position is not a civil service position and is negotiated between the Governor and the appointee.

Also, the variance is due to an appropriation transfer of \$9,146.

PART II - MEASURES OF EFFECTIVENESS

Due to the impact from the program review in the Executive Biennium Budget, Fiscal Budget 2021-2023, the variance report does not contain planned data for FB 21-23. Therefore, variance between "Planned" and "Actual" is not available. SHPDA is now back to normal.

PART III - PROGRAM TARGET GROUPS

Due to the impact from the program review in the Executive Biennium Budget, Fiscal Budget 2021-2023, the variance report does not contain planned data for FB 21-23. Therefore, variance between "Planned" and "Actual" is not available. SHPDA is now back to normal.

PART IV - PROGRAM ACTIVITIES

Due to the impact from the program review in the Executive Biennium Budget, Fiscal Budget 2021-2023, the variance report does not contain planned data for FB 21-23. Therefore, variance between "Planned" and "Actual" is not available. SHPDA is now back to normal.

PROGRAM TITLE: HEALTH STATUS MONITORING
 PROGRAM-ID: HTH-760
 PROGRAM STRUCTURE NO: 050502

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	37.50	37.50	+ 0.00	0	37.50	26.50	- 11.00	29	37.50	37.50	+ 0.00	0
EXPENDITURES (\$1000's)	2,365	2,488	+ 123	5	861	1,284	+ 423	49	2,581	2,158	- 423	16
TOTAL COSTS												
POSITIONS	37.50	37.50	+ 0.00	0	37.50	26.50	- 11.00	29	37.50	37.50	+ 0.00	0
EXPENDITURES (\$1000's)	2,365	2,488	+ 123	5	861	1,284	+ 423	49	2,581	2,158	- 423	16
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % VITAL RECORDS ISSUED WITHIN 10 DAYS FROM REQUEST	75	75	+ 0	0	75	75	+ 0	0				
2. % TARGETED RESEARCH OR STATISTICS REPORTS DISSEM	80	80	+ 0	0	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	80.7	- 1.7	2	82.4	80.7	- 1.7	2				
PART III: PROGRAM TARGET GROUP												
1. DEPARTMENT OF HEALTH PROGRAMS	87	85	- 2	2	87	85	- 2	2				
2. HAWAIIANS AND OTHER ETHNIC GROUPS	1440000	1442000	+ 2000	0	1460000	146000	- 1314000	90				
3. VITAL EVENT REGISTRANTS	75000	73000	- 2000	3	75000	73000	- 2000	3				
4. ADULT POPULATION 18 AND OVER	1130000	1107000	- 23000	2	1140000	1107000	- 33000	3				
PART IV: PROGRAM ACTIVITY												
1. # OF MAJOR HEALTH STATISTICS REQUESTS FULFILLED	85	85	+ 0	0	85	85	+ 0	0				
2. # OF VITAL EVENTS REGISTERED	55000	53000	- 2000	4	55000	53000	- 2000	4				
3. # OF VITAL RECORD CERTIFICATES ISSUED	275000	300000	+ 25000	9	275000	300000	+ 25000	9				
4. # NEW DATA SETS/STAT ITEMS DISSEM ELECTRONICALLY	6	8	+ 2	33	6	8	+ 2	33				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 05 02
HTH 760

PROGRAM TITLE: HEALTH STATUS MONITORING

PART I - EXPENDITURES AND POSITIONS

FY21-22: No significant variance in positions for FY22. The 5% change in expenditures (\$123,000) was due to the programs' need to make corrections to internal reporting to accurately reflect budget allotments and expenditures. This includes contracts and grants received. The COVID-19 pandemic, though extremely tough, brought welcomed opportunities to improve operations as HTH 760 worked hard on the backlog left by the shortage of staff and freezes that occurred. Backlogs have decreased to orders handled within 30 days or less as compared to 6-8 months.

FY 2023, period ending 09/30/2022: HTH 760 is currently hiring staff to fill 100% of positions. There are 11 vacant positions that arose from staff attrition based on the retirement of longtime employees and the inability to hire staff due to workforce shortages throughout the community. Most of the vacancies are for entry level positions while the others are hard to fill because of the complex nature of the position, where specific skills are required. HTH 760 is considering re-describing harder-to-fill positions that accurately reflect work needed. Additionally, requests for new positions have been made to reflect the changing workforce environment and encourage non-traditional workers to enter and create a training ground for these workers.

FY 2023, period ending 06/23/2023: HTH 760 will hire all outstanding vacant positions and, with a full workforce, will be able to work on improving the measures of effectiveness, research capabilities, and design a program that can use the data collected for planning public health activities for the betterment of the community.

PART II - MEASURES OF EFFECTIVENESS

No significant variances. HTH 760 met planned measures of effectiveness for fiscal year 2022 and will be maintaining planned targets for fiscal year 2023.

PART III - PROGRAM TARGET GROUPS

No significant variances. HTH 760 met planned program target group goals for fiscal year 2022 and will be maintaining planned targets for fiscal year 2023.

PART IV - PROGRAM ACTIVITIES

The variances in number of new datasets/statistical items disseminated electronically for fiscal years 2022 and 2023 are a result of increased statistical/data use for community and Department of Health programs to provide trending data and forecasting of potential issues that may affect the community.

PROGRAM TITLE: DEVELOPMENTAL DISABILITIES COUNCIL
 PROGRAM-ID: HTH-905
 PROGRAM STRUCTURE NO: 050503

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
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)	761	885	+	124	16	193	148	-	45	23	581	583	+	2	0
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)	761	885	+	124	16	193	148	-	45	23	581	583	+	2	0
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % ACTIV COMPLTD W/IN ESTAB TMEFRM HI STATE DD PLAN	75	78	+	3	4	85	95	+	10	12					
2. % CONSUMER SATISFACTION SURVEYS W/SATISFACTION	90	85	-	5	6	90	90	+	0	0					
PART III: PROGRAM TARGET GROUP															
1. ESTIMATE OF PREVALENCE OF INDIVIDUALS W/DEV. DIS.	22619	22632	+	13	0	22619	22632	+	13	0					
2. FAMILIES OF INDIVIDUALS WITH DEV. DISABILITIES	22619	22632	+	13	0	22619	22632	+	13	0					
3. DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS	70	70	+	0	0	70	70	+	0	0					
PART IV: PROGRAM ACTIVITY															
1. # PUB. AWARENESS/ED/TRNG ACT COORD/CONDTD/CO-SPNRD	25	1479	+	1454	5816	25	25	+	0	0					
2. # INDIVIDUALS W/DD & FAMILY MEMBERS PARTICIPATING	1000	5000	+	4000	400	1500	3000	+	1500	100					
3. # OF SYSTEMS CHANGE ACTIVITIES	10	8	-	2	20	10	10	+	0	0					
4. # LEG MEASURES MONITORED, TRACKED, &PRVD TESTIMONY	20	115	+	95	475	20	135	+	115	575					
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	3000	+	2000	200					

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 05 03
HTH 905

PROGRAM TITLE: DEVELOPMENTAL DISABILITIES COUNCIL

PART I - EXPENDITURES AND POSITIONS

Expenditures: An additional grant was received to address COVID-19 vaccination initiatives.

Positions: The variance is due to a vacancy for one position - the Program Specialist IV on Maui Island. On June 18, 2021, the Governor's approval was received to fill the position. We are awaiting a recruitment listing from the Human Resources Office. It is projected to be filled by December 30, 2022.

PART II - MEASURES OF EFFECTIVENESS

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

Item 2. Individuals were frustrated about having restrictions due to COVID-19. This was out of the Council's control.

PART III - PROGRAM TARGET GROUPS

No significant variances.

PART IV - PROGRAM ACTIVITIES

Item 1. The variance is due to an increase in 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. In addition, through the use of virtual events, more people were able to be reached.

Item 2. The variance is due to the increase in the Council activities and trainings (including COVID-19-related topics) for individuals with intellectual and developmental disabilities and their families to participate in. In addition, the use of virtual/Zoom activities made it easier to reach a larger population.

Item 3. The variance is due to COVID-19 restrictions. We were not able to instill the face to face visits as we had hoped.

Item 4. The variance is due to an increase in DD-related legislative measures around telehealth and housing that were introduced in FY 22.

Item 5. The variance is due to the Council being requested to participate more on county issues, particularly voting accessibility. We also provided direct comments and recommendation to national policies through our congressional delegation.

Item 6. The variance is due to an increase of Community Advisory Groups and Coalitions for COVID-19-related topics.

Item 7. 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.) as well as getting our self advocates involved on a county level to speak up for affordable housing, attending Neighborhood Board meetings statewide, and advocating for telehealth with the Broadband Hui.

PROGRAM TITLE: GENERAL ADMINISTRATION
 PROGRAM-ID: HTH-907
 PROGRAM STRUCTURE NO: 050504

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	134.00	104.00	- 30.00	22	142.00	114.00	- 28.00	20	142.00	142.00	+ 0.00	0
EXPENDITURES (\$1000's)	15,216	17,288	+ 2,072	14	3,935	2,376	- 1,559	40	11,807	13,366	+ 1,559	13
TOTAL COSTS												
POSITIONS	134.00	104.00	- 30.00	22	142.00	114.00	- 28.00	20	142.00	142.00	+ 0.00	0
EXPENDITURES (\$1000's)	15,216	17,288	+ 2,072	14	3,935	2,376	- 1,559	40	11,807	13,366	+ 1,559	13
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % ADMIN COSTS IN RELATION TO TOTAL DEPT COST	1	1	+ 0	0	1	1	+ 0	0				
2. # ADMIN BILLS ENACTED	10	10	+ 0	0	10	10	+ 0	0				
3. % OF KEY COMM STAKHLDRS ENGAGE IN PHP OR ER ACT	62	68	+ 6	10	62	75	+ 13	21				
PART III: PROGRAM TARGET GROUP												
1. STATEWIDE POPULATION (THOUSANDS)	1577	1442	- 135	9	1577	1442	- 135	9				
2. # OF PROGRAMS & ATTACHED AGENCIES	25	24	- 1	4	25	24	- 1	4				
3. # AUTHORIZED POSITIONS (PERM & TEMP)	3260	3148	- 112	3	3260	3195	- 65	2				
4. # OF KEY COMMUN STAKEHLDRS FOR PHP AND EMERG RESPO	65	65	+ 0	0	65	65	+ 0	0				
PART IV: PROGRAM ACTIVITY												
1. # LEG PROPOSALS TRACKED FOR INFO OR TESTIMONY	1200	1200	+ 0	0	1200	1200	+ 0	0				
2. # ADMIN BILLS INTRODUCED TO BOTH HOUSE & SENATE	25	26	+ 1	4	25	15	- 10	40				
3. # KEY COMMUN STAKHLDRS ENGAG 1+ PHP OR ER ACTIVI	40	48	+ 8	20	40	52	+ 12	30				

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 05 04
HTH 907

PROGRAM TITLE: GENERAL ADMINISTRATION

PART I - EXPENDITURES AND POSITIONS

FY 22: At the end of the fiscal year, there were 30.00 vacant positions in HTH 907. The expenditure variance at the end of the 4th quarter is due to expenditures from non-appropriated funds.

FY 23: At the end of the 1st quarter, there were 28.00 vacant positions in HTH 907. The expenditure variance for the first quarter is due to vacancy savings.

PART II - MEASURES OF EFFECTIVENESS

Item 3. The percent 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 bills introduced, the variance is because the current Governor limited proposals to housekeeping only, which decreased the usual amount we have.

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

PROGRAM TITLE: OFFICE OF LANGUAGE ACCESS
 PROGRAM-ID: HTH-908
 PROGRAM STRUCTURE NO: 050505

	FISCAL YEAR 2021-22				THREE MONTHS ENDED 09-30-22				NINE MONTHS ENDING 06-30-23						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	5.00	5.00	+	0.00	0	6.00	5.00	-	1.00	17	6.00	6.00	+	0.00	0
EXPENDITURES (\$1000's)	469	438	-	31	7	123	114	-	9	7	561	570	+	9	2
TOTAL COSTS															
POSITIONS	5.00	5.00	+	0.00	0	6.00	5.00	-	1.00	17	6.00	6.00	+	0.00	0
EXPENDITURES (\$1000's)	469	438	-	31	7	123	114	-	9	7	561	570	+	9	2
	FISCAL YEAR 2021-22				FISCAL YEAR 2022-23										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % STATE AGENCIES SUBMITG REVISED LANG ACCESS PLANS	NO DATA	35	+	35	0	NO DATA	95	+	95	0					
2. # STATE AGENCIES SUBMITTING SEMI-ANNUAL REPORTS	NO DATA	10	+	10	0	NO DATA	25	+	25	0					
3. # STATE/COVERED ENTITIES PROVIDED TECH ASSISTANCE	NO DATA	34	+	34	0	NO DATA	30	+	30	0					
4. # OF INTERAGENCY/COMMUNITY MEETINGS CONDUCTED	NO DATA	20	+	20	0	NO DATA	12	+	12	0					
5. # OF TRAININGS CONDUCTED/SPONSORED/ORGANIZED	NO DATA	21	+	21	0	NO DATA	12	+	12	0					
6. # OF STATE AGENCIES MONITORED/REVIEWED	NO DATA	12	+	12	0	NO DATA	25	+	25	0					
7. # OF COMPLAINTS INVESTIGATED/RESOLVED	NO DATA	0	+	0	0	NO DATA	5	+	5	0					
8. # OF OUTREACH ACTIVITIES	NO DATA	14	+	14	0	NO DATA	10	+	10	0					
PART III: PROGRAM TARGET GROUP															
1. STATE AGENCIES + STATE-FUNDED ENTITIES	NO DATA	37	+	37	0	NO DATA	30	+	30	0					
2. LIMITED ENGLISH PROFICIENCY PERSONS & COMMUNITIES	NO DATA	1566	+	1566	0	NO DATA	1500	+	1500	0					
PART IV: PROGRAM ACTIVITY															
1. # ST AGENCIES PROVIDED OVERSIGHT/CENTRAL COORDTN	NO DATA	23	+	23	0	NO DATA	25	+	25	0					
2. # TECH ASSISTANCE PROVIDED TO ST AGEN/COV ENTITIES	NO DATA	34	+	34	0	NO DATA	30	+	30	0					
3. # ST AGENC MONITORD/REVIEWD FOR COMPLIAN W/LA LAWS	NO DATA	12	+	12	0	NO DATA	25	+	25	0					
4. # PUBLIC COMPLAINTS INV/RESLVD BY INFORMAL METHODS	NO DATA	0	+	0	0	NO DATA	5	+	5	0					
5. # OF OUTREACH, EDUCATION AND TRAINING CONDUCTED	NO DATA	35	+	35	0	NO DATA	22	+	22	0					

VARIANCE REPORT NARRATIVE FY 2022 AND FY 2023

05 05 05
HTH 908

PROGRAM TITLE: OFFICE OF LANGUAGE ACCESS

PART I - EXPENDITURES AND POSITIONS

Expenditures: No significant variances.

Positions: The variance in the number of positions for the first three months of FY 23 is primarily due to the establishment of a new position as authorized by Act 248, SLH 2022, as well as the relatively small full-time equivalent positions that one vacancy will put it into a high percentage variance.

PART II - MEASURES OF EFFECTIVENESS

Due to the impact from the program review in the Executive Biennium Budget, FB 2021-23, the variance report does not contain planned data for FYs 22-23. Therefore, variances between Planned and Actual are not available. The Office of Language Access (OLA) is now back to normal operations.

PART III - PROGRAM TARGET GROUPS

Due to the impact from the program review in the Executive Biennium Budget, FB 2021-23, the variance report does not contain planned data for FYs 22-23. Therefore, variances between Planned and Actual are not available. OLA is now back to normal operations.

PART IV - PROGRAM ACTIVITIES

Due to the impact from the program review in the Executive Biennium Budget, FB 2021-23, the variance report does not contain planned data for FYs 22-23. Therefore, variances between Planned and Actual are not available. OLA is now back to normal operations.