



HEALTH

PROGRAM TITLE:

HEALTH

12/3/24

PROGRAM-ID:

PROGRAM STRUCTURE NO: 05

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	5,475.62	5,194.07	- 281.55	5	5,516.12	5,322.52	- 193.60	4	5,516.12	5,713.60	+ 197.48	4
EXPENDITURES (\$1000's)	1,612,750	1,638,013	+ 25,263	2	434,283	389,089	- 45,194	10	1,336,257	1,471,467	+ 135,210	10
TOTAL COSTS												
POSITIONS	5,475.62	5,194.07	- 281.55	5	5,516.12	5,322.52	- 193.60	4	5,516.12	5,713.60	+ 197.48	4
EXPENDITURES (\$1000's)	1,612,750	1,638,013	+ 25,263	2	434,283	389,089	- 45,194	10	1,336,257	1,471,467	+ 135,210	10
					FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. MORTALITY RATE (PER THOUSAND)					8	630	+ 622	7775	8	630	+ 622	7775
2. AVERAGE LIFE SPAN OF RESIDENTS					81	81	+ 0	0	81	81	+ 0	0

VARIANCE REPORT NARRATIVE FY 2024 AND FY 2025

PROGRAM TITLE: HEALTH

PART I - EXPENDITURES AND POSITIONS

Details of the expenditure variance are best examined at the lowest program level.

PART II - MEASURES OF EFFECTIVENESS

See the lowest level programs for explanation of variances.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	608.37	465.37	- 143.00	24	626.37	496.37	- 130.00	21	626.37	551.00	- 75.37	12
EXPENDITURES (\$1000's)	308,401	334,933	+ 26,532	9	84,876	68,017	- 16,859	20	273,821	264,742	- 9,079	3
TOTAL COSTS												
POSITIONS	608.37	465.37	- 143.00	24	626.37	496.37	- 130.00	21	626.37	551.00	- 75.37	12
EXPENDITURES (\$1000's)	308,401	334,933	+ 26,532	9	84,876	68,017	- 16,859	20	273,821	264,742	- 9,079	3
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. ACTIVE TB CASES - PROPORNTN COMPL RECOM THERAPY (%)	97	84	- 13	13	97	90	- 7	7				
2. % CHILDREN AGE 5 YEARS MEETING IMMUNIZATION REQ	90	88.9	- 1.1	1	90	90	+ 0	0				
3. % OF PERSONS WITH DD/ID RECEIVING DD SERVICES	13	16.6	+ 3.6	28	13	13	+ 0	0				
4. % OF PERSONS IN HSH RECEIVING DENTAL TREATMENTS	95	90	- 5	5	95	90	- 5	5				

PROGRAM TITLE: HEALTH RESOURCES

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PART I - EXPENDITURES AND POSITIONS

Details of the expenditure variance are best examined at the lowest program level.

PART II - MEASURES OF EFFECTIVENESS

See the lowest level programs for explanation of variances.

PROGRAM TITLE:

COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

PROGRAM-ID:

PROGRAM STRUCTURE NO: 050101

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	291.87	238.87	- 53.00	18	293.87	247.87	- 46.00	16	293.87	283.00	- 10.87	4
EXPENDITURES (\$1000's)	61,078	94,551	+ 33,473	55	15,664	17,036	+ 1,372	9	88,399	88,161	- 238	0
TOTAL COSTS												
POSITIONS	291.87	238.87	- 53.00	18	293.87	247.87	- 46.00	16	293.87	283.00	- 10.87	4
EXPENDITURES (\$1000's)	61,078	94,551	+ 33,473	55	15,664	17,036	+ 1,372	9	88,399	88,161	- 238	0
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS	7.1	8.1	+ 1	14	6.9	7.4	+ 0.5	7				
2. % ACTIVE TB CASES COMPLETG RECOMMENDED THERAPY	97	84	- 13	13	97	90	- 7	7				
3. NEWLY DIAGNOSED HANSEN'S DISEASE CASES PER 100,000	1	0.91	- 0.09	9	1	1	+ 0	0				
4. % CHILDREN AGE 5 YEARS MEETING IMMUNIZATION REQ	90	88.9	- 1.1	1	90	90	+ 0	0				
5. NEWLY REPORTED HIV CASES PER 100,000	3.3	5.7	+ 2.4	73	3.3	4.9	+ 1.6	48				

PART I - EXPENDITURES AND POSITIONS

Details of the expenditure variance are best examined at the lowest program level.

PART II - MEASURES OF EFFECTIVENESS

See lowest level programs for explanation of significant variances.

PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

PROGRAM-ID: HTH-100

PROGRAM STRUCTURE NO: 05010101

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	246.87	213.87	- 33.00	13	248.87	219.87	- 29.00	12	248.87	248.00	- 0.87	0
EXPENDITURES (\$1000's)	51,162	42,258	- 8,904	17	15,664	8,034	- 7,630	49	36,161	36,161	+ 0	0
TOTAL COSTS												
POSITIONS	246.87	213.87	- 33.00	13	248.87	219.87	- 29.00	12	248.87	248.00	- 0.87	0
EXPENDITURES (\$1000's)	51,162	42,258	- 8,904	17	15,664	8,034	- 7,630	49	36,161	36,161	+ 0	0

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS	7.1	8.1	+ 1	14	6.9	7.4	+ 0.5	7
2. % ACTIVE TB CASES COMPLETING RECOMMENDED THERAPY	97	84	- 13	13	97	90	- 7	7
3. % NON-ACTIVE TB CASES COMPLETG RECOMMENDED THERAPY	86	89	+ 3	3	87	88	+ 1	1
4. SYPHILIS CASE RATE WOMEN 15-44 YRS OLD PER 100,000	4800	65.3	- 4734.7	99	4800	60	- 4740	99
5. NEWLY REPORTED HIV CASES PER 100,000	3.3	5.7	+ 2.4	73	3.3	4.9	+ 1.6	48
6. NEWLY DIAGNOSED HANSEN'S DISEASE CASES PER 100,000	1	0.91	- 0.09	9	1	1	+ 0	0
7. % OUTPATIENTS W/NEW COMPLICATIONS FR HANSEN'S DIS	.4	.38	- 0.02	5	.4	.4	+ 0	0
8. ANNL KALAUPAPA REGISTRY PATIENT CARE/RESIDENT DAYS	2200	1861	- 339	15	2200	1520	- 680	31
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	95	+ 0	0	95	95	+ 0	0

PART III: PROGRAM TARGET GROUP									
1. RESIDENT POPULATION, STATE OF HAWAII (IN THOUS)	1400	1430	+ 30	2	1400	1430	+ 30	2	
2. CONTACTS OF INFECTIOUS TB CASES	800	776	- 24	3	800	740	- 60	8	
3. CLASS B IMMIGRANTS	150	565	+ 415	277	250	580	+ 330	132	
4. WOMEN 15-44 YEARS OF AGE	65000	260337	+ 195337	301	65000	260000	+ 195000	300	
5. CONTACTS OF HIV CASES FR DOH HIV COUNSEL/TESTG SVC	25	23	- 2	8	25	25	+ 0	0	
6. PATIENTS ON THE KALAUPAPA REGISTRY	8	8	+ 0	0	8	7	- 1	13	
7. CONTACTS OF HANSEN'S DISEASE CASES	1190	1153	- 37	3	1190	1190	+ 0	0	
8. OUTPATIENTS W/HANSEN'S DISEASE-RELATED DISABILITIE	115	111	- 4	3	115	115	+ 0	0	
9. CHILDREN IN DOE SCHOOLS	179000	167649	- 11351	6	179000	168000	- 11000	6	
10. POPULATION > 60 YEARS OLD	450000	392942	- 57058	13	450000	400000	- 50000	11	

PART IV: PROGRAM ACTIVITY									
1. # INDIVIDUALS RECEIVG COUNSELG/EVALUATION/SCREENG	56871	57005	+ 134	0	55903	56497	+ 594	1	
2. # INDV RCVG EVAL FOR SUSPECTD EXPOSURE TO COMM DIS	9830	5715	- 4115	42	9760	6000	- 3760	39	
3. # INDIVIDUALS RECEIVG TREATMENT FOR COMM DISEASES	2513	2378	- 135	5	2514	2443	- 71	3	
4. # OUTPATIENT VISITS/EVAL BY PHYS/NURSES/SW/PARAMED	92687	88167	- 4520	5	93687	86582	- 7105	8	
5. # LABORATORY TESTS OBTAINED AND REVIEWED	26835	22745	- 4090	15	26935	24500	- 2435	9	
6. # WOMEN 15-44 RECVG SEROLOGICAL EVALUATN SYPHYLIS	4500	1028	- 3472	77	4500	1000	- 3500	78	
7. # PATIENTS PROVIDED HIV-RELATD DRUG TREATMT ASSIST	450	405	- 45	10	450	435	- 15	3	
8. # STERILE SYRINGES EXCHANGED	1000000	689918	- 310082	31	1000000	600000	- 400000	40	
9. # PHN CONTACTS COMPLETG CONSULTS FOR DOE STUDENTS	14000	14571	+ 571	4	14000	14000	+ 0	0	
10. # OF PHN CONTACTS FOR PHN-ENROLLED ELDERS > 60 Y/O	6000	4695	- 1305	22	6000	6000	+ 0	0	

PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

PART I - EXPENDITURES AND POSITIONS

The position variance in FY 24 is largely due to recruitment challenges, while the expenditure variance is primarily a result of federal grants being budgeted with significantly higher estimated ceilings than actual expenditures.

For the first three months of FY 25, the position variance is primarily due to recruitment challenges and new vacancies. The expenditure variance results from inflated budgeted amounts in most federal grant appropriations.

PART II - MEASURES OF EFFECTIVENESS

Item 1. New active tuberculosis (TB) cases increased in FYs 23-24 due to an increase in travel and migration from countries where TB is prevalent.

Cases decreased during the COVID-19 pandemic for the same reason as travel was greatly restricted. Now that more individuals are traveling to and from Hawaii from countries with higher rates of TB, Hawaii is experiencing more TB cases.

Item 2. The number of active TB cases completing recommended treatment dropped from an estimated 97% to 84% due to the deaths of multiple patients (in hospitals) prior to patients being transferred to the care of the Department of Health (DOH) TB program.

Item 4. Planned targets are incorrect. The target corresponds to a previous measure regarding chlamydia among women 18-25 rather than syphilis among women 15-44. The correct planned target should be 63 which would result in a 5% variance.

Item 5. Planned targets are not realistic. From FY 16 to FY 24, newly reported HIV cases have trended downward from 6.9 to 4.9 (per 100,000), with FY 20 and FY 21 (3.4 and 3.8, respectively) being

uncharacteristically low, attributed disruption in routine HIV testing due to the COVID-19 pandemic. With the return of standard health care services and HIV testing, the increase in FYs 23-24 was expected. Planned targets will be adjusted to the baseline going forward. In addition, because the rates of new HIV cases are very low, small differences cause significant variances in the metric.

Item 8. Annual Kalaupapa Registry Patient Care Resident Days: The variance from planned in FYs 23-24 is due to the passing of one (1) patient in FY 23 and one (1) patient no longer needing around-the-clock care and returning home. The estimated variance for FYs 24-25 reflects a decline due to an additional patient death in FYs 24-25 and the small number of remaining patients.

PART III - PROGRAM TARGET GROUPS

Item 3. The number of arrivals of target group B immigrant (evaluated in their native countries and found to have suspicious chest X-rays) has steadily increased since 2022 and is at pre-COVID pandemic levels. This increase also reflects a marked increase in immigration to Hawaii from countries with high rates of TB. It is anticipated that the number of Class B Immigrants requiring chest X-rays for TB clearance will continue to increase in FYs 24-25.

Item 4. Planned targets are incorrect. The target corresponds to a previous measure regarding chlamydia among women 18-25 rather than syphilis among women 15-44. The actual value is a current estimate of women in Hawaii between the ages of 15-44 based on census information.

Item 6. Patients on the Kalaupapa Registry: Variance for FYs 24-25 is due to one (1) patient passing in FYs 24-25. Because the number of remaining patients on the Kalaupapa Registry is small, small variations cause significant variances.

Item 10. This variance is due to an overestimation of the population of people over 60 years old. While the number is lower than planned, it is

PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

expected to increase in the coming years. The increase is due to the increase in the aging population in Hawaii, which is a trend supported by the statistics obtained by the Data Warehouse.

PART IV - PROGRAM ACTIVITIES

Item 2. The decrease in the number of individuals receiving evaluation for suspected exposure to communicable disease is due to a significant decrease in these activities from the Public Health Nursing (PHN) Branch (PHNB). The decrease is due to decreased activities related to COVID-19 and MPOX as those epidemics have waned. In addition, PHNB has previously reported their TB related activities which are also reported by the TB Branch. These were removed in PHNBs contribution to the total to avoid double counting. This updated accounting method will be continued in FYs 24-25 and will lead to a similar variance.

Item 5. Number of laboratory tests obtained and reviewed was decreased from planned in FYs 23-24 due to multiple factors. The waning of the MPOX and COVID-19 pandemics led to less lab tests done.

In addition, the TB program obtained less tests due to improved communication with primary providers, hospitalists, and infectious diseases consultants to proactively obtain initial sputum tests, cultures, blood tests, prior to referring the patient to the TB program.

Item 6. Planned targets are incorrect. The target corresponds to a previous measure regarding chlamydia among women 18-25 rather than syphilis among women 15-44. Because the prevalence of syphilis is very different from chlamydia, this is a large discrepancy.

Item 7. Attributed to a larger than expected number of patients receiving HIV medications fully covered by Medicaid. Under the COVID-related Public Health Emergency, Medicaid suspended eligibility redetermination and eligibility-related disenrollment, resulting in a slight reduction in the total number of individual needing DOH assistance to access HIV medications.

Item 8. There have been decreases in the number of syringes

exchanged since 2021, attributable to several factors: 1) an increase in fatal overdose among people who inject drugs has reduced the number or individual needing services; 2) people who injecting drugs switching from injection to smoking due to fear of adulteration with fentanyl and subsequent overdose; 3) reduced staffing of the syringe exchange program due to decades of level funding. Note: beginning July 1, 2024, additional funding from the Hawaii Opioid Settlement Fund will increase staffing levels in FY 25.

Item 10. The following two factors have contributed to the decline in the number of contacts made with clients aged 60 years old and above. Maui County admitted 34% of over-60-year-old population for PHNB. During the Maui Wildfires, the services PHNs provide for that county shifted to wildfire response and recovery to support the people of Lahaina. For nearly six months, the work of Maui PHNs focused on and around the wildfires and ensuring the public health of Maui's residents. Elders were also displaced as an outcome of the wildfires which made contact and reaching some of Maui's elder population difficult. PHNB data shows that during FYs 23-24, there was an 11% decline in the number of elderly that were admitted to PHN services from the previous year, likely related to the temporary changes in Maui County. We anticipate a return to regular numbers of PHN contacts for elders in FYs 24-25.

PROGRAM TITLE:

DISEASE OUTBREAK CONTROL

12/3/24

PROGRAM-ID:

HTH-131

PROGRAM STRUCTURE NO:

05010102

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	45.00	25.00	- 20.00	44	45.00	28.00	- 17.00	38	45.00	35.00	- 10.00	22
EXPENDITURES (\$1000's)	9,916	52,293	+ 42,377	427	0	9,002	+ 9,002	0	52,238	52,000	- 238	0
TOTAL COSTS												
POSITIONS	45.00	25.00	- 20.00	44	45.00	28.00	- 17.00	38	45.00	35.00	- 10.00	22
EXPENDITURES (\$1000's)	9,916	52,293	+ 42,377	427	0	9,002	+ 9,002	0	52,238	52,000	- 238	0

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % E.COLI, HAV, ETC. INVESTIGATED 24HRS AFTR RPT	100	70	- 30	30	100	85	- 15	15
2. % RPTD FOODBORNE DIS. OUTBREAK W/ ETIOLOGY ID	100	73	- 27	27	100	70	- 30	30
3. % CHILDREN AGE 5 YEARS MEETING IMMUNIZATION REQ	90	88.9	- 1.1	1	90	90	+ 0	0
4. % ADOLESCENTS MEETING IMMUNIZATION REQUIREMENTS	85	70.4	- 14.6	17	90	85	- 5	6
5. % HBV CARRIERS' INFANTS WHO START HBV VAX SERIES	95	100	+ 5	5	95	95	+ 0	0
6. % SKILD NURS FAC W INFECTN CONTRL/RESP SURVEY DONE	85	76	- 9	11	85	90	+ 5	6
7. % CASES INFECTD W MULTIDRUG-RESIST ORGANSM INVESTG	100	100	+ 0	0	100	100	+ 0	0
8. % LABORATORY REPORT VOLUME RECEIVED THRU ELR	99.98	99.98	+ 0	0	99.98	99.98	+ 0	0
9. % HLTHCARE PROVIDR/FAC CASE RPT VOL RCVD THRU EICR	10	1.19	- 8.81	88	30	7	- 23	77

PART III: PROGRAM TARGET GROUP								
1. # HAWAII RESIDENTS (1000'S)	1431	1457	+ 26	2	1431	1462	+ 31	2
2. # VISITORS TO HAWAII (1000'S)	9661	9299	- 362	4	9661	9299	- 362	4
3. # CHILDREN AGE FIVE YEARS (1000'S)	17	16	- 1	6	17	16	- 1	6
4. # OF ADOLESCENTS (1000'S)	144	162	+ 18	13	144	162	+ 18	13
5. # OF BIRTHS EXCLUDING MILITARY (100'S)	150	145	- 5	3	150	145	- 5	3
6. # CHILDREN BORN TO HEP B SURF ANTGN+ WOMEN (100'S)	1.5	0.8	- 0.7	47	1.5	1.5	+ 0	0
7. # OF LICENSED SKILLED NURSING FACILITIES	46	45	- 1	2	46	45	- 1	2
8. # OF LICENSED HEALTHCARE FACILITIES	26	27	+ 1	4	26	27	+ 1	4
9. # OF CLINICAL LABORATORIES OPERATING IN HAWAII	35	21	- 14	40	30	21	- 9	30
10. # OF LICENSED HEALTHCARE PROVIDERS	3350	3599	+ 249	7	3400	3700	+ 300	9

PART IV: PROGRAM ACTIVITY								
1. # HI RESIDENTS ENTERD, MAINTAIND IN IMMUN REGISTRY	3517345	1186095	- 2331250	66	3517345	1000000	- 2517345	72
2. # SCH CHILDN SURVEYED FOR IMMUN COVERAGE (1000'S)	17	185	+ 168	988	17	180	+ 163	959
3. # PERINATAL HEPATITIS B INFECTED INFANTS	0	0	+ 0	0	0	0	+ 0	0
4. # INFECTIOUS DISEASE CASES INVESTIGATED	50000	33000	- 17000	34	10000	3300	- 6700	67
5. # INFECTIOUS DISEASE OUTBREAKS IDENTIFIED	100	298	+ 198	198	50	300	+ 250	500
6. # HLTHCARE ASSOCIATD INFECTN OUTBREAKS INVESTIGATD	50	216	+ 166	332	50	270	+ 220	440
7. # PROVDR/FAC RPTG SYND SURV THRU ESS/BIOS PLATFORM	21	19	- 2	10	21	21	+ 0	0
8. # INFECTIOUS +VAC PREV DIS E-LAB RPTS RCVD(1000'S)	4095.29	4281.49	+ 186.2	5	4095.29	4281.49	+ 186.2	5
9. # RPTABL DISEASE CASE RPTS GENER THRU EICR(1000'S)	110	51	- 59	54	90	40.09	- 49.91	55

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 been 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 2027. Expenditures exceed appropriations for FY 24 and FY 25 because of differences in how core recurring federal funds and supplemental emergency funds are dealt with through the state budgeting process.

PART II - MEASURES OF EFFECTIVENESS

Item 1. In FY 24, 70% of investigations were initiated within 24 hours of report. The target of 100% was based on a different methodology used in prior years to calculate the timeliness of the investigation. This year, to move towards meaningful improvement, we are using stricter criteria for initiation of investigation and will strive to improve from that new baseline.

Factors contributing to the delay in initiating investigations included turnover and prolonged vacancies of Epidemiological Specialist positions statewide post-pandemic. We have succeeded in filling many of the critical vacancies over the past year and expect to meet our timeliness target in FY 25 as a result.

Item 2. Following the COVID-19 pandemic, foodborne complaint volume has increased substantially. The Disease Investigation Branch actively investigates all complaints and coordinates with the Food Safety Branch to prevent further transmission of diseases. While increased complaint volume is good in the sense that it brings potential food safety issues to the Department of Health's attention, as volume goes up, the capacity to

determine the causative agent for every complaint is exceeded. Hence, outbreaks in which bacterial agents (e.g., Salmonella, E. coli, Campylobacter) are suspected are prioritized. As identification of a causative agent is not always needed in order to take effective actions to protect food safety, we will be re-evaluating the baseline and appropriate target for this metric in the future.

Item 4. The percentage of adolescents meeting immunization requirements has decreased to 70.4% from the previous year of 74.2%. There are multiple reasons for lower coverage rates. The COVID-19 pandemic and vaccine hesitancy has impacted routine vaccinations. Difficulty accessing healthcare providers has persisted post-pandemic and is another reason for lower rates. Our aim is to reach 85% or higher coverage in FY 25, but we may need to readjust targets or seek additional resources in order to increase the education of parents, adolescents, and providers through public awareness campaigns and other means.

Item 6. In 2023, we had a poor uptake of infection control and response surveys completed due to the staff/administrator turnovers in the skilled nursing facilities. Starting in January 2024, there has been a significant increase in uptake for Infection Control Assessment and Response (ICAR) in comparison to 2023. We have 89% completion (40 ICARs completed/45 nursing homes) so far in 2024 in comparison to 76% in 2023 (January 2023 to December 2023).

Item 9. Expectation that COVID-19-related reports will go down, following current trends. Monthly analysis of total overall electronic laboratory reporting for reportable conditions shows that COVID-19 represents 7% of FY total.

PART III - PROGRAM TARGET GROUPS

Item 4. This was an error. The planned number for FY 24 should be 161.

Item 6. This negative variance is good because we want to get as close to zero as possible on the number of hepatitis B-positive carrier women giving birth. The greatest risk of mother-to-child transmission occurs

PROGRAM TITLE: DISEASE OUTBREAK CONTROL

during birth. Immunization efforts are critical to ensure viral transmission doesn't occur. Our goal is to continue having fewer and fewer pregnant carrier women give birth. The pool of carrier women of birthing age is getting smaller and smaller due to vaccination efforts started in 1990 by vaccinating babies prior to discharge from Hawaii birthing hospitals.

Item 9. The number of clinical laboratories operating in Hawaii Additional Laboratories are standing down as COVID-19 testing decreases. We continue to include in this number selected healthcare organizations that operate as Point-Of-Care Testing (POCT) sites - primarily for COVID-19, Flu, and Respiratory Syncytial Virus (RSV).

PART IV - PROGRAM ACTIVITIES

Item 1. This shows a significant decrease in the actual number compared to the planned number by 66%. There was an error in the planned number. This number was listed as a cumulative number instead of an annual number projected. Moving forward we won't provide cumulative counts, but we will provide a planned annual number to be in alignment with what is reported in the actual number. The previous actual number was 1,357,849. We have adjusted for FY 25 planned for 1,000,000.

Item 2. Planned numbers will be adjust in future reports to ensure consistency and accuracy of information.

Item 4. A large decrease in the number of investigations due to a decrease in investigations related to the investigation of COVID-19 cases. The Disease Outbreak Control Division started to investigate only a selected sample of COVID-19 cases in June 2023.

Item 5. The planned number for FY 24 of 100 outbreaks was too low. The actual number should be 300.

Item 6. We have seen an increase in COVID-19 outbreaks in FY 24 in comparison to FY 23. We observed 167 outbreaks from July 1, 2022, to June 30, 2023, and 216 outbreaks from July 1, 2023, to June 30th, 2024, which is about a 30% increase. We expect approximately the same

increase of about 25% next year. Our infection preventionists still see significant barriers to appropriate Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) adherence due to burnout and staff turnover. We also see decreased uptake in vaccinations for COVID-19 which can increase cases and outbreaks in healthcare facilities. We are working with the Immunization Branch and forming a workgroup to coordinate and plan how to increase vaccination rates in our nursing homes.

Item 7. Decline in expected onboarding for Syndromic Surveillance is due to technical difficulties as presented between two (2) providers systems. These providers are lacking in technical staff to confirm transport of data, including validation that all priority data fields meet a quality and completeness threshold, contributing significantly to delays.

Item 9. Electronic Case Reporting is currently set up for COVID-19, Measles, and MPOX. With COVID-19 representing the majority of automated electronic case reports, as COVID-19 testing decreases it is expected that these reports will also decrease.

PROGRAM TITLE: EMERGENCY MEDICAL SVCS & INJURY PREV SYS

PROGRAM-ID: HTH-730

PROGRAM STRUCTURE NO: 050103

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	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	7.00	- 3.00	30	10.00	9.00	- 1.00	10
EXPENDITURES (\$1000's)	76,511	53,412	- 23,099	30	6,465	799	- 5,666	88	70,313	53,235	- 17,078	24
TOTAL COSTS												
POSITIONS	10.00	7.00	- 3.00	30	10.00	7.00	- 3.00	30	10.00	9.00	- 1.00	10
EXPENDITURES (\$1000's)	76,511	53,412	- 23,099	30	6,465	799	- 5,666	88	70,313	53,235	- 17,078	24

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % RESPONSES MEETING RESPONSE TIME STD - OAHU	90	84	- 6	7	90	84	- 6	7
2. % RESPONSES MEETING RESPONSE TIME STD - KAUAI	90	95	+ 5	6	90	95	+ 5	6
3. % RESPONSES MEETING RESPONSE TIME STD - HAWAII	90	91	+ 1	1	90	91	+ 1	1
4. % RESPONSES MEETING RESPONSE TIME STD - MAUI	90	93	+ 3	3	90	93	+ 3	3
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	0.91	+ 0.91	0	0	0	+ 0	0
7. % SUICIDES & ATTEMPTD SUICIDES PER 100000 RESIDENT	104	76.7	- 27.3	26	105	73.3	- 31.7	30

PART III: PROGRAM TARGET GROUP								
1. GENERAL DE FACTO POPULATION (THOUSANDS)	1629	1582	- 47	3	1636	1586	- 50	3
2. # OF HIGH RISK CARDIAC CASES	5627	5973	+ 346	6	5733	6667	+ 934	16
3. # OF HIGH RISK TRAUMA CASES	4669	4952	+ 283	6	4795	5123	+ 328	7
4. # OF HIGH RISK PEDIATRIC CASES	399	381	- 18	5	391	366	- 25	6
5. # OF CARDIOPULMONARY ARREST CASES	1149	1307	+ 158	14	1162	1389	+ 227	20
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	684800	714230	+ 29430	4	688617	719691	+ 31074	5

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	151409	170653	+ 19244	13	153317	179736	+ 26419	17
5. # OF PATIENTS BILLED FOR EMERGENCY AMBULANCE SVC	88474	32598	- 55876	63	89113	33000	- 56113	63
6. % OF AMBULANCE SERVICE REVENUES COLLECTED	67	84	+ 17	25	67	67	+ 0	0
7. ADM/MAINT EMS QUAL ASSUR & QUAL IMPRV PRG (ST-DYS)	312	312	+ 0	0	312	312	+ 0	0
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	1800	+ 0	0	1800	1800	+ 0	0
10. # COMM COAL/TSKFR/PRTRNSHP INIT/SUPPT IN INJ PREV	68	68	+ 0	0	68	68	+ 0	0

PROGRAM TITLE: EMERGENCY MEDICAL SVCS & INJURY PREV SYS

PART I - EXPENDITURES AND POSITIONS

Permanent position vacancies as of June 30, 2024, are the Public Health Educator V (Position No. (PN) 41807), Public Health Educator IV (PN 121173), Physician Manager/Administrator (PN 37779) and due to retirement as of April 1, 2022, the Administrative Specialist IV (PN 27391). The program continues to actively recruit for these vacancies. There is no significant expenditure variance in FY 24 as EMSIPSB spent down nearly 100% of its funding. There are no significant variances in FY 25 expenditures. The adjustment projected in the nine months ending June 30, 2025, is due to cost-of-living adjustments and collective bargaining for emergency contracts anticipated.

PART II - MEASURES OF EFFECTIVENESS

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

PART III - PROGRAM TARGET GROUPS

Item 5. The target group for High-Risk Cardiopulmonary Arrest Cases have increased 158,000 (14%) over the planned volume based on historical trends.

PART IV - PROGRAM ACTIVITIES

Item 4. 911 ambulance responses increased by 19,244 (13%) over the

planned volume based on historical trends. FY24 saw an increase in Tourism, Outdoor Activities, Mental Health Issues, Drug Overdoses, and Delayed Medical Care with the ending of the COVID-19 pandemic. Many people during the pandemic may have delayed seeking medical care for non-related COVID-19 issues possibly causing a backlog of untreated conditions resulting in more emergency calls. Tourism and Outdoor Activities contribute to more 911 ambulance responses with people suffering from unintended physical injuries. An increase in mental health issues and drug overdoses such as Fentanyl also contribute to the increase in ambulance responses. Though COVID-19 is over, we are still feeling the effects the burden on hospitals and emergency medical services (EMS).

Item 5. The decrease in the billing is due to fact that the City and County of Honolulu 911 Emergency Ground Ambulance billing services are no longer being handled by the State in FY24. There is a significant decrease in billing over the planned volume of historical trends.

Item 6. The increase in the percentage of ambulance service revenues collected went up by 25% compared to FY23. This coincides with Part IV, Item 4, as the amount of ambulance responses increased in FY24 as well. With the increase in ambulance responses, we also see an increase in revenues collected over the planned volume based on historical trends.

PROGRAM TITLE:

FAMILY HEALTH SERVICES

12/3/24

PROGRAM-ID:

HTH-560

PROGRAM STRUCTURE NO:

050104

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	233.50	162.50	- 71.00	30	238.50	182.50	- 56.00	23	238.50	185.00	- 53.50	22
EXPENDITURES (\$1000's)	103,183	112,101	+ 8,918	9	46,178	44,959	- 1,219	3	63,071	59,578	- 3,493	6
TOTAL COSTS												
POSITIONS	233.50	162.50	- 71.00	30	238.50	182.50	- 56.00	23	238.50	185.00	- 53.50	22
EXPENDITURES (\$1000's)	103,183	112,101	+ 8,918	9	46,178	44,959	- 1,219	3	63,071	59,578	- 3,493	6

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % PRETERM BIRTHS	NO DATA	10.1	+ 10.1	0	NO DATA	10.1	+ 10.1	0
2. % UNINSURED INDV REC SUBSIDIZED PRIMARY CARE - POS	25.85	15.22	- 10.63	41	25.85	15.22	- 10.63	41
3. % CHILDREN (0-21) W/SP HTH CARE NEEDS W/MEDICAL HM	95	95	+ 0	0	95	95	+ 0	0
4. % LIVE BIRTHS SCRND FOR METAB DISORDERS & HEMOGLOB	99	99	+ 0	0	99	99	+ 0	0
5. % WIC ENROLLED WI&C TO 5 YRS OLD PARTICIPATD IN PRG	97	96.8	- 0.2	0	97	97	+ 0	0
6. % WIC ENROLLED WOMEN WHO INITIATE BREASTFEEDING	88	88.5	+ 0.5	1	88	90	+ 2	2
7. % PRENATAL SMOKING	5	16.6	+ 11.6	232	5	15	+ 10	200
8. % CHILDN 0-3 YRS W/ DEV DELAY BIO RISK RCV EI SVCS	3.05	3.32	+ 0.27	9	3.1	3.1	+ 0	0
9. % CHILDN ENROLLED IN HOME VISITG PRG W/ MEDI HOME	92	97	+ 5	5	92	92	+ 0	0

PART III: PROGRAM TARGET GROUP								
1. # LIVE BIRTHS	NO DATA	14820	+ 14820	0	NO DATA	14820	+ 14820	0
2. # UNINSURED INDIVIDUALS	54462	44333	- 10129	19	54462	44333	- 10129	19
3. # CHILDREN WITH SPECIAL HEALTH NEEDS	40000	40000	+ 0	0	40000	40000	+ 0	0
4. # LIVE BIRTHS (SCREENED FOR METABOLIC DISORDERS)	16000	16000	+ 0	0	16000	16000	+ 0	0
5. # WIC ENROLLED WI&C UP TO 5 YRS OLD	42000	43093	+ 1093	3	43000	43593	+ 593	1
6. # WIC ENROLLED PREGNANT & POST-PARTUM WOMEN	12000	11987	- 13	0	12500	12487	- 13	0
7. # PREGNANT WOMEN	10	2701	+ 2691	26910	10	2750	+ 2740	27400
8. # CHILDN 0-3 YRS REFERD FOR EARLY INTERVENTN SVCS	3370	3378	+ 8	0	3375	3380	+ 5	0
9. # CHILDREN ENROLLED IN A HOME VISITING PROGRAM	737	522	- 215	29	766	522	- 244	32

PART IV: PROGRAM ACTIVITY								
1. # PREG WOMEN SRVD BY WIC & PERINATAL SUP POS CONTR	5800	2701	- 3099	53	5850	2750	- 3100	53
2. # UNINSURED INDV RCVD DOH SUBSIDIZED PRIM CARE POS	14076	6747	- 7329	52	14076	6747	- 7329	52
3. # CSHN 0-21/FAMILY/PROVIDER GIVEN HTH INFO BY CSHN	1000	1000	+ 0	0	1000	1000	+ 0	0
4. # LIVE BIRTH RCV FU FOR METAB DISORDERS & HEMOGLOB	500	500	+ 0	0	500	500	+ 0	0
5. # WIC WI&C TO 5 YRS OLD ISSUED WIC FOOD BENEFITS	40000	41725	+ 1725	4	41000	42225	+ 1225	3
6. # WIC PREGNANT/POSTPARTUM RCVG BREASTFDG CONTACTS	11000	19233	+ 8233	75	11500	19733	+ 8233	72
7. # PREGNANT WOMEN SERVED BY WIC 7 PERINATAL SUP POS	5800	NO DATA	- 5800	100	5850	NO DATA	- 5850	100
8. # CHILDN 0-3 YRS W/ DEV DELAYS BIO RISK RCV IFSP	1950	1765	- 185	9	2000	1850	- 150	8
9. # CHILDN ENROLLED IN HOME VISTG PRG W/MEDICAL HOME	678	505	- 173	26	705	505	- 200	28

PROGRAM TITLE: FAMILY HEALTH SERVICES

PART I - EXPENDITURES AND POSITIONS

The variance in position counts for FY 24 and for the first quarter of FY 25 is 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 25, the Family Health Services Division anticipates reducing vacancies by filling multiple positions currently in recruitment, but the anticipated vacancy rate will continue to exceed 10% moving into FY 26.

There was a 9.00%, or \$8,918,000 variance in FY 24 expenditures primarily attributed to a small percentage of expenditures being recorded outside of the State fiscal year.

PART II - MEASURES OF EFFECTIVENESS

Item 1. The percentage of preterm births data was omitted by mistake in FY 22. The data has been provided for the FY 23 report.

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 24.

Item 7. One of our service providers has a higher percentage of clients who vape, but they do not currently offer a cessation program.

PART III - PROGRAM TARGET GROUPS

Item 1. The variance between planned and actual data is the result of the planned data for FY22's Variance Report being omitted by mistake therefore there was no planned data to report in FY23 and FY24. The actual data was provided in both reporting periods

Item 2. The response is from 2023 as 2024 data is not available yet. The variance is due to fewer known uninsured individuals.

Item 7. The increase in pregnancies from last year could be due to factors such as changes in economic factors, shifts in behavior or

demographics, or improved healthcare access and reporting.

Item 9. Contracted home-visiting providers have faced an acute shortage of staff to provide services to families. This is consistent with State and national trends in both home visiting and the larger early childhood community. In addition to increased vacancies, the time to hire replacements has increased substantially, leaving providers understaffed for significant periods of time. The lack of staff on hand significantly reduced the number of children who could be served in FY 2024.

PART IV - PROGRAM ACTIVITIES

Item 1. The question will be changed from previous years to exclude the number of pregnant women served by Women, Infants, and Children. This therefore lowered the amount of women who received support.

Item 2. The number of uninsured individuals receiving subsidized primary care POS services was lower in FY 24 due to fewer people seeking services due to COVID-19.

Item 6. Activity and reporting mechanisms have been revised to better reflect the actual measurement of program activities. The high variance is due to the previously planned number being too conservative.

Item 7. This item will be removed going forward as there is no data to report.

Item 9. Contracted home-visiting providers have faced an acute shortage of staff to provide services to families. This is consistent with State and national trends in both home visiting and the larger early childhood community. In addition to increased vacancies, the time to hire replacements has increased substantially, leaving providers understaffed for significant periods of time. The lack of staff on hand significantly reduced the number of children who could be served in FY 24.

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

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	51.00	35.00	- 16.00	31	54.00	37.00	- 17.00	31	54.00	54.00	+ 0.00	0
EXPENDITURES (\$1000's)	63,573	52,943	- 10,630	17	15,929	4,241	- 11,688	73	47,788	59,476	+ 11,688	24
TOTAL COSTS												
POSITIONS	51.00	35.00	- 16.00	31	54.00	37.00	- 17.00	31	54.00	54.00	+ 0.00	0
EXPENDITURES (\$1000's)	63,573	52,943	- 10,630	17	15,929	4,241	- 11,688	73	47,788	59,476	+ 11,688	24

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % BABIES EXCLUSIVELY BREASTFED THROUGH 6 MO.	28.3	27.4	- 0.9	3	28.5	28.5	+ 0	0
2. % YOUTH MEETING PHYSICAL ACTIVITY RECOMMENDATIONS	15.2	18.3	+ 3.1	20	15.3	15.3	+ 0	0
3. % YOUTH MEETING NUTRITION RECOMMENDATIONS	14.2	13.8	- 0.4	3	14.3	14.3	+ 0	0
4. % YOUTH USING TOBACCO PRODUCTS	25.7	11.9	- 13.8	54	25.4	25.4	+ 0	0
5. % ADULTS RCV'D RECOMMENDED DIABETES SCREENING	62.6	53.2	- 9.4	15	63.2	63.2	+ 0	0
6. % ADULTS RCV'D RECOMMENDED COLORECTAL CANCER SCREE	78.6	67.3	- 11.3	14	79.4	79.4	+ 0	0
7. % WOMEN RCV'D RECOMMENDED BREAST CANCER SCREENING	85.4	78.5	- 6.9	8	86.2	86.2	+ 0	0
8. % ADULTS WHOSE HYPERTENSION IS UNDER CONTROL	57.0	60.6	+ 3.6	6	57.6	57.6	+ 0	0
9. % ADULTS WHOSE DIABETES IS UNDER CONTROL	63.9	65.3	+ 1.4	2	64.5	64.5	+ 0	0
10. %EMERGENCY DEPT VISITS FOR ASTHMA (PER 10,000 PPL)	19.0	40.2	+ 21.2	112	18.8	18.8	+ 0	0

PART III: PROGRAM TARGET GROUP								
1. TOTAL # HAWAII CHILDREN (0-17) RESIDENTS	318563	293613	- 24950	8	325645	325645	+ 0	0
2. TOTAL # HAWAII ADULT (18-64+) RESIDENTS	864396	839019	- 25377	3	869169	869169	+ 0	0
3. TOTAL # HAWAII ADULT (65+) RESIDENTS	307374	302506	- 4868	2	319908	319908	+ 0	0
4. TOTAL # LOW-INCOME RESIDENTS IN HAWAII	310895	280968	- 29927	10	315983	315983	+ 0	0
5. # HAWAII RESIDENTS WHO SPEAK ENGLISH < VERY WELL	154514	141300	- 13214	9	156605	156605	+ 0	0
6. # NATIVE HAWAIIAN, FILIPINO, OTHER PACIFIC ISLANDR	446445	458893	+ 12448	3	453039	453039	+ 0	0
7. # HAWAII SEXUAL OR GENDER MINORITY ADULTS	69134	73058	+ 3924	6	70156	70156	+ 0	0
8. # HAWAII YOUTH WITH OVERWEIGHT OR OBESITY	20365	18523	- 1842	9	20606	20606	+ 0	0
9. # HAWAII ADULTS WITH OVERWEIGHT OR OBESITY	667182	681490	+ 14308	2	670129	670129	+ 0	0
10. # HAWAII ADULTS WITH 1 OR MORE CHRONIC CONDITIONS	703929	688340	- 15589	2	707038	707038	+ 0	0

PART IV: PROGRAM ACTIVITY								
1. # YOUTH & ADULTS REACHED THRU SOCIAL-MARKETING CAM	619620	603413	- 16207	3	629024	629024	+ 0	0
2. # COALITIONS SUPPORTED	75	113	+ 38	51	75	75	+ 0	0
3. % DOE SCHOOLS MEETING WELLNESS GUIDELINES	83.2	81.1	- 2.1	3	84.0	84	+ 0	0
4. # WEBSITE VISITS TO HHDW, HHM, START LIVING HEALTH	135000	202620	+ 67620	50	135000	135000	+ 0	0
5. # YOUTH & ADULTS REACHED THROUGH TOBACCO CESSATION	974	1983	+ 1009	104	984	984	+ 0	0
6. # TRANGS 4 COMMUNITY PARTNERS ON CHRONIC DIS PRVTN	600	228	- 372	62	600	600	+ 0	0
7. # PARTICIPANTS REACHED THRU CHRONIC DIS. PRVTN TRN	4600	5172	+ 572	12	4600	4600	+ 0	0
8. # HEALTH SYSTEM INITIATIVES SUPPORTED	60	67	+ 7	12	60	60	+ 0	0
9. # BUILT ENVIRONMENT INITIATIVES SUPPORTED	40	51	+ 11	28	40	40	+ 0	0
10. # BUILT ENVIRONMENT INITIATIVES SUPPORTED	250	262	+ 12	5	250	250	+ 0	0

PROGRAM TITLE: CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

PART I - EXPENDITURES AND POSITIONS

Position vacancies are due to significant delays in receiving quality cert lists with interested and responsive candidates. Applicants face challenges when applying for civil service jobs since these positions are often listed based on broad class descriptions. Additionally, job openings are not consistently posted and can remain delisted for extended periods.

The program relies on various recruiting methods, such as job posting websites, contracting for hires, and job fairs. Seven positions are filled with 89-day appointments awaiting to be on the cert lists, two are pending to be established through reorganization, and three were converted from temporary to permanent in the FY 25 Supplemental Budget. Positions are also being downgraded to recruit and train potential candidates.

Variance in expenditures in FY 24 is due to personnel savings from vacancies and fringe savings for positions filled through 89-day appointments; delays in invoice reimbursements and executing the Department of Human Services (DHS) Supplemental Nutrition Assistance Program-Education (SNAP-Ed) contract due to DHS staffing loss; revenue for the Tobacco Settlement Trust Fund (TSTF) was \$36,228,186, and expenditures were \$36,079,872, with \$48,626,356 ceiling; and delays in conducting procurement for statewide public education campaigns, and outreach focused on increasing organ donation for the Hawaii Organ and Tissue Education Special Fund.

FY 25 expenditure variance is due to TSTF expenses that occurred in the fourth quarter, execution of contracts occurs in the third and the fourth quarters, and media campaigns, conferences, event management, summits, and other meetings occur throughout the year.

PART II - MEASURES OF EFFECTIVENESS

Item 2. The percentage increase of youth meeting physical activity recommendations may have been due in part to changes in street designs in many communities making it safer for youth to be active outside. Another factor could be the wide promotion and implementation of Safe Routes to School projects and programs making it safer for youth

to walk, ride, or roll to school.

Item 4. The percentage decrease in youth using tobacco products is due to the reduction in the prevalence of youth tobacco use between 2019 and 2021 due to the COVID-19 pandemic. Social interaction and retail access significantly decreased, as did many risk behaviors, including tobacco use.

Item 5. The percentage decrease of adults who received a recommended diabetes screening may be due to the change in definition for this indicator from "percentage of adults (40-70 years) who are overweight/obese (BMI 25 and above) who do not have diabetes and report receiving a blood sugar test in the past three years" to "percentage of adults (35-70 years) who are overweight/obese (BMI 25 and above) who do not have diabetes and report receiving a blood sugar test in the past three years." The indicator was updated to align with current national guidelines.

Item 6. The percentage decrease in adults who received a recommended colorectal cancer screening may be due to limited access to colonoscopy services on neighbor islands.

Item 10. The increased number of individuals visiting the emergency department (ED) for asthma (per 10,000 people) is driven by increases in ED visits across all age groups: children 0-4 years; 5-64 years; and older adults 65 and above. This may be due to a resurgence of COVID-19 cases and/or post-COVID conditions (long COVID), which are associated with prolonged symptoms and worsening asthma control. Also, this increase may be explained by an increase in exposure to environmental triggers such as Maui wildfires in August 2023.

PART III - PROGRAM TARGET GROUPS

Item 4. The decrease in the total number of low-income residents in Hawaii is likely due to population declines that reduced the overall number of residents, including those with low incomes. This outmigration may have contributed to demographic shifts impacting population stability.

PROGRAM TITLE: CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

PART IV - PROGRAM ACTIVITIES

Item 2. The increased number of coalitions supported is due to available federal funding to support partnerships and coalition building, especially focusing on health equity, and allowed the programs to support additional coalitions around healthy eating, active living, and tobacco prevention and control across the State.

Item 4. The higher number of website visitors to the Hawaii Health Data Warehouse (HHDW)/Hawaii Health Matters websites may be due to the development of several new resources, including a Tobacco Prevention and Control 2030 Tracker, a Cancer Plan 2030 Tracker, and an Oral Health Tracker. The Living Healthy Hawaii website benefits from members of the public being familiar with multiple well-marketed health campaigns, particularly the Stronger Together (tobacco counter-marketing), Sweet Lies (sugary fruit drink counter-marketing), and B.E.F.A.S.T (stroke) campaigns. As a result of these campaigns, the website is regularly and routinely visited as a resource and information page. The Department of Health (DOH) staff also receive requests from health professionals and public health students seeking more information about chronic disease management and chronic disease prevention. The higher number of website visitors to the Healthy Hawaii Strategic Plan (HHSP) website are attributable to it being featured prominently during multiple policy conferences, including the launch of the HHSP 2030 Conference in the fall of 2023, as well as increased outreach to community-based organizations to address social determinants of health in the post-pandemic period. Additionally, the plan has been referenced in academic settings and used as an example of public health policy.

Item 5. The increased number of youth and adults reached through tobacco cessation resulted from a larger investment in marketing to both youth and adults, as well as quality improvements made to services as informed by evaluation findings.

Item 6. The decreased number of trainings for community partners on chronic disease prevention is due to the decrease in the number of school health activity training and presentations; the decreased number of school

health training due to the defunding of nine District Health and Physical Education resource teacher positions, responsible for planning and conducting past the Department of Education (DOE) training. DOH did not have sufficient contract funds to cover the positions, and DOE allowed them to lapse. Other programs increased the number of training offered, such as worksite wellness, heart disease and stroke, tobacco, and HHDW, among others. There were fewer Diabetes, Breast and Cervical Cancer Programs, and comp cancer training scheduled, and the annual Hawaii Comprehensive Cancer Coalition meeting occurred after June 2024.

Item 7. The increased number of community partners reached through chronic disease prevention training due to increased participation in HHSP, tobacco prevention and control, and school health trainings and presentations. A Statewide HHSP Conference was held, attracting many participants from all sectors of chronic disease prevention and control. The tobacco program received federal funds to support additional training opportunities for Native Hawaiian and Other Pacific Islander populations in communities across the State, and many participants turned out for these training. The school health training provided more outreach and promotion and attracted more participants.

Item 8. The increased number of health system initiatives supported is driven by an increase in the number of activities supported by the heart disease and stroke and Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) grant programs.

Item 9. The increased number of built environment initiatives supported is due to available federal funding to support built environment initiatives, especially around transportation equity, and allowed the programs to support additional initiatives around active living across the State.

PROGRAM TITLE:

HEALTH RESOURCES ADMINISTRATION

12/3/24

PROGRAM-ID:

HTH-595

PROGRAM STRUCTURE NO:

050106

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	2.00	2.00	+ 0.00	0	2.00	2.00	+ 0.00	0	2.00	0.00	- 2.00	100
EXPENDITURES (\$1000's)	281	228	- 53	19	61	154	+ 93	152	183	225	+ 42	23
TOTAL COSTS												
POSITIONS	2.00	2.00	+ 0.00	0	2.00	2.00	+ 0.00	0	2.00	0.00	- 2.00	100
EXPENDITURES (\$1000's)	281	228	- 53	19	61	154	+ 93	152	183	225	+ 42	23
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % MOE HRA PROG SHOWING BENEFICIAL CHGS (PL VS ACT)	85	84	- 1	1	85	85	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. PERSONNEL IN HEALTH RESOURCES ADMINISTRATION	801	801	+ 0	0	801	801	+ 0	0				

PROGRAM TITLE: HEALTH RESOURCES ADMINISTRATION

PART I - EXPENDITURES AND POSITIONS

FY 24 Variance is due to the current salary not being updated to reflect the salary matrix.

FY 25 Variance is due to the current salary being more than budgeted. BJ Details Table has not reflected the new salary matrix and has been the same for the last four years, expecting shortfalls.

PART II - MEASURES OF EFFECTIVENESS

No significant variance.

PART III - PROGRAM TARGET GROUPS

No significant variance.

PART IV - PROGRAM ACTIVITIES

None.

PROGRAM TITLE:

OFFICE OF MEDICAL CANNABIS CNTRL & REGULATN

PROGRAM-ID:

HTH-596

PROGRAM STRUCTURE NO:

050107

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	20.00	20.00	+ 0.00	0	28.00	20.00	- 8.00	29	28.00	20.00	- 8.00	29
EXPENDITURES (\$1000's)	3,775	21,698	+ 17,923	475	579	828	+ 249	43	4,067	4,067	+ 0	0
TOTAL COSTS												
POSITIONS	20.00	20.00	+ 0.00	0	28.00	20.00	- 8.00	29	28.00	20.00	- 8.00	29
EXPENDITURES (\$1000's)	3,775	21,698	+ 17,923	475	579	828	+ 249	43	4,067	4,067	+ 0	0
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. AVG TURNAROUND TIME TO ISSUE MEDICAL CANNABIS CARD	5	2	- 3	60	5	3	- 2	40				
2. % MED CANNABIS CARDS ISSUED TO PATIENTS PRIORT DEB	3	6	+ 3	100	3	6	+ 3	100				
3. % DISPENSARIES INSPECTED AT LEAST QUARTERLY	100	100	+ 0	0	100	100	+ 0	0				
4. % DISPENSARIES REMAING IN COMPLIANCE HAR 11-850	100	100	+ 0	0	100	100	+ 0	0				
5. % OF DISPENSARY LICENSES RENEWED	100	100	+ 0	0	100	100	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. ALL IN-STATE MEDICAL CANNABIS REGISTRY APPLICANTS	34500	30957	- 3543	10	34500	30760	- 3740	11				
2. INDV W/ PRIORITY DEBIL MED CONDIT APPLYG TO REG	2020	1857	- 163	8	3260	1890	- 1370	42				
3. LICENSED MEDICAL CANNABIS DISPENSARIES	8	8	+ 0	0	8	8	+ 0	0				
PART IV: PROGRAM ACTIVITY												
1. # NEW IN-STATE PATIENT APPLICATIONS PROCESSED	8400	5817	- 2583	31	8400	4830	- 3570	43				
2. # OUT-OF-STATE PATIENT APPLICATIONS PROCESSED	3200	4855	+ 1655	52	3200	4560	+ 1360	43				
3. # IN-STATE PATIENT RENEWALS PROCESSED	17250	14863	- 2387	14	17250	16800	- 450	3				
4. # CERTIFYING MEDICAL PROVIDERS REGISTERED	360	235	- 125	35	360	230	- 130	36				
5. # LAW ENFORCEMT VERIFIED VALID 329 REGISTRATN PERF	125	45	- 80	64	125	40	- 85	68				
6. # DISPENSARY FACILITY INSPECTIONS CONDUCTED	180	167	- 13	7	180	180	+ 0	0				
7. # DISPENSARY LICENSES ISSUED & RENEWED	8	8	+ 0	0	8	8	+ 0	0				
8. # TESTING FACILITY CERTIFICATIONS ISSUED & RENEWED	4	1	- 3	75	4	1	- 3	75				
9. # CRIMINAL HISTORY BACKGROUND CHECKS PERFORMED	2000	382	- 1618	81	2000	400	- 1600	80				
10. # VISITS TO THE DOH MEDICAL CANNABIS WEBSITE	87000	24611	- 62389	72	87000	24000	- 63000	72				

PROGRAM TITLE: OFFICE OF MEDICAL CANNABIS CNTRL & REGULATN

PART I - EXPENDITURES AND POSITIONS

The FY 24 and FY 25 full-time equivalent and expenditure variances are primarily attributed to challenges with pending acknowledgment of reorganization, which is required before positions can be established.

PART II - MEASURES OF EFFECTIVENESS

Item 1. The variance is due to ongoing enhancements made to the Registry program aimed at streamlining application processing and reducing turnaround times.

Item 2. The variance is due to an increase in the number of patients applying with a diagnosis of malignant neoplasm, as well as a decrease in the number of registered patients.

PART III - PROGRAM TARGET GROUPS

Item 1. The variance is due to an overall decrease in the number of registered patients resulting from registration system glitches. Transition to a replacement system is in process.

PART IV - PROGRAM ACTIVITIES

Item 1. The variance is due to an overall decrease in the number of registered patients resulting from registration system glitches. Transition to a replacement system is in process.

Item 2. The variance is due to a higher than anticipated increase in out-of-state patient applications.

Item 3. The variance is due to an overall decrease in the number of registered patients resulting from registration system glitches. Transition to a replacement system is in process.

Item 4. The variance is due to an increase in medical providers willing to certify patients for medical cannabis registrations.

Item 5. The variance is due to lower than anticipated subject and grow site verification requests from law enforcement agencies.

Item 6. The FY 24 and FY 25 variances are primarily attributed to lack of manpower availability. OMCCR Dispensary staff have been tasked with the regulation of cannabinoid hemp products without any increase in funding or manpower. The number of Dispensary Facility inspections dropped to allow surveyors to conduct hemp regulatory actions.

Item 8. The variance is due to only one testing facility in operation statewide.

Item 9. The FY 24 and FY 25 variances are primarily attributed to the decrease in requests from the Medical Cannabis Licensees.

Item 10. The number of visits to the DOH Medical Cannabis website was overestimated.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	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	3,383.20	+ 547.95	19	2,835.25	3,431.15	+ 595.90	21	2,835.25	3,444.10	+ 608.85	21
EXPENDITURES (\$1000's)	837,908	829,937	- 7,971	1	236,971	211,402	- 25,569	11	614,105	754,301	+ 140,196	23
TOTAL COSTS												
POSITIONS	2,835.25	3,383.20	+ 547.95	19	2,835.25	3,431.15	+ 595.90	21	2,835.25	3,444.10	+ 608.85	21
EXPENDITURES (\$1000's)	837,908	829,937	- 7,971	1	236,971	211,402	- 25,569	11	614,105	754,301	+ 140,196	23
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - ACUTE CARE	55	68.69	+ 13.69	25	55	68.32	+ 13.32	24				
2. OCCUPANCY RATE - LONG-TERM CARE	81	79.81	- 1.19	1	81	79.79	- 1.21	1				
3. AVERAGE LENGTH OF STAY - ACUTE CARE	5.6	7.4	+ 1.8	32	5.6	6.7	+ 1.1	20				
4. AVERAGE LENGTH OF STAY - LONG TERM CARE	447.9	363.3	- 84.6	19	447.9	435.8	- 12.1	3				

PART I - EXPENDITURES AND POSITIONS

Details of the expenditure variance are best examined at the lowest program level.

PART II - MEASURES OF EFFECTIVENESS

See lowest level program narratives for explanation of significant variances.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	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	77.00	+ 22.50	41	54.50	78.50	+ 24.00	44	54.50	78.50	+ 24.00	44
EXPENDITURES (\$1000's)	17,509	17,819	+ 310	2	4,377	4,716	+ 339	8	13,132	12,793	- 339	3
TOTAL COSTS												
POSITIONS	54.50	77.00	+ 22.50	41	54.50	78.50	+ 24.00	44	54.50	78.50	+ 24.00	44
EXPENDITURES (\$1000's)	17,509	17,819	+ 310	2	4,377	4,716	+ 339	8	13,132	12,793	- 339	3
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. BOARD APPROVED OPERATING EXPENSE BUDGET TO ACTUAL	17022	17819	+ 797	5	17022	22008	+ 4986	29				

PROGRAM TITLE: HAWAII HEALTH SYSTEMS CORP - CORP OFFICE

PART I - EXPENDITURES AND POSITIONS

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

The variance in FY 25 can be attributed to the temporary hazard pay, increase in fringe benefit rate in FY 24 and the addition of positions to support HHSC.

PART II - MEASURES OF EFFECTIVENESS

See Part I.

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

12/3/24

PROGRAM-ID:

HTH-211

PROGRAM STRUCTURE NO:

050202

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	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	405	405	+ 0	0	1,628	1,628	+ 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	405	405	+ 0	0	1,628	1,628	+ 0	0
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - ACUTE CARE	94	87	- 7	7	94	87	- 7	7				
2. OCCUPANCY RATE - LONG-TERM CARE	0	0	+ 0	0	0	0	+ 0	0				
3. AVERAGE LENGTH OF STAY - ACUTE CARE (DAYS)	35	22	- 13	37	35	22	- 13	37				
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)	3500	3907	+ 407	12	3500	3800	+ 300	9				
6. AVERAGE PATIENT REVENUE PER PATIENT DAY	6300	6974	+ 674	11	6300	6700	+ 400	6				
PART III: PROGRAM TARGET GROUP												
1. EST. POPULATION OF SERVICE AREA (RESIDENTS)	22500	22800	+ 300	1	22500	22800	+ 300	1				
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE	195	303	+ 108	55	195	280	+ 85	44				
2. NUMBER OF IN-PATIENT DAYS - ACUTE CARE	7000	6706	- 294	4	7000	6500	- 500	7				
3. NUMBER OF EMERGENCY ROOM VISITS	6500	7135	+ 635	10	6500	7400	+ 900	14				
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				

PROGRAM TITLE: KAHUKU HOSPITAL

PART I - EXPENDITURES AND POSITIONS

No significant variances.

PART II - MEASURES OF EFFECTIVENESS

Items 3 and 6: The variance in the average length of stay, acute care and the rise in in-patient admissions result from multiple factors: A growing number of patients admitted for rehabilitation services, which accelerates patient turnover, and Medicare Advantage plans encouraging quicker hospital discharge.

Item 5: The variance in the average operating cost per patient day is being driven by the significant salary raises, especially for RNs, to keep pace with rising living costs and competitive wages at other hospital facilities, ultimately supporting staff retention.

PART III - PROGRAM TARGET GROUPS

No significant variances.

PART IV - PROGRAM ACTIVITIES

Item 1: See Part II, Items 3 and 6.

Item 3: The variance in Emergency Room (ER) visits is due to the temporary closure of the Wahiawa ER.

PROGRAM TITLE: HAWAII HEALTH SYSTEMS CORPORATION - REGIONS

PROGRAM-ID: HTH-212

PROGRAM STRUCTURE NO: 050203

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	2,340.75	2,934.90	+ 594.15	25	2,340.75	2,978.60	+ 637.85	27	2,340.75	2,978.60	+ 637.85	27
EXPENDITURES (\$1000's)	727,910	735,861	+ 7,951	1	215,906	192,574	- 23,332	11	525,356	671,052	+ 145,696	28
TOTAL COSTS												
POSITIONS	2,340.75	2,934.90	+ 594.15	25	2,340.75	2,978.60	+ 637.85	27	2,340.75	2,978.60	+ 637.85	27
EXPENDITURES (\$1000's)	727,910	735,861	+ 7,951	1	215,906	192,574	- 23,332	11	525,356	671,052	+ 145,696	28
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. AVERAGE OPERATING COST PER PATIENT DAY (EXCL EQPT)	2900	3549	+ 649	22	2900	3717	+ 817	28				
2. AVERAGE PATIENT REVENUE PER PATIENT DAY	2400	2860	+ 460	19	2400	2854	+ 454	19				
3. OCCUPANCY RATE - ACUTE CARE	55	68.69	+ 13.69	25	55	68.32	+ 13.32	24				
4. OCCUPANCY RATE - LONG-TERM CARE	81	79.91	- 1.09	1	81	79.79	- 1.21	1				
PART III: PROGRAM TARGET GROUP												
1. EST. POPULATION OF SERVICE AREA - EAST HAWAII	117000	125467	+ 8467	7	117000	125919	+ 8919	8				
2. EST. POPULATION OF SERVICE AREA - WEST HAWAII	84000	82148	- 1852	2	84000	82345	- 1655	2				
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	73000	73851	+ 851	1	73000	73777	+ 777	1				
5. EST. POPULATION SERVICE AREA OVER 65 - EAST HAWAII	27000	30655	+ 3655	14	27000	30765	+ 3765	14				
6. EST. POPULATION SERVICE AREA OVER 65 - WEST HAWAII	19000	20071	+ 1071	6	19000	20119	+ 1119	6				
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	186000	199441	+ 13441	7	186000	198444	+ 12444	7				
9. EST. POPULATION SERVICE AREA OVER 65 - KAUAI	16000	17034	+ 1034	6	16000	17051	+ 1051	7				
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE	11300	13163	+ 1863	16	11300	15720	+ 4420	39				
2. NUMBER OF IN-PATIENT DAYS - ACUTE CARE	74000	97532	+ 23532	32	74000	104824	+ 30824	42				
3. NUMBER OF BIRTHS	1600	1568	- 32	2	1600	1692	+ 92	6				
4. NUMBER OF ADMISSIONS - LONG-TERM CARE	350	354	+ 4	1	350	326	- 24	7				
5. NUMBER OF PATIENT DAYS - LONG-TERM CARE	133000	128624	- 4376	3	133000	142078	+ 9078	7				
6. NUMBER OF EMERGENCY ROOM (ER) VISITS	80000	97047	+ 17047	21	80000	94808	+ 14808	19				

PROGRAM TITLE: HAWAII HEALTH SYSTEMS CORPORATION - REGIONS

PART I - EXPENDITURES AND POSITIONS

The variances in positions are due to control over the establishment of new positions that were given to the Hawaii Health Systems Corporation.

PART II - MEASURES OF EFFECTIVENESS

Items 1 and 2: The variances in FY 24 and FY 25 can be attributed to the increase in fringe benefit rate in FY 24 and the continued impact of rising costs since the COVID-19 pandemic.

Item 3: The variance in acute care occupancy rate was a result of increasing patient volumes in 2023 and 2024 due to deferred care during the pandemic. There are also many waitlisted patients occupying acute care beds that are not able to be transferred to a long-term care facility due to lack of available beds.

PART III - PROGRAM TARGET GROUPS

Item 5: Hawaii's population is aging faster than the U.S. It is estimated that almost one in five persons in Hawaii is 65 or older.

PART IV - PROGRAM ACTIVITIES

Items 1 and 2: See Part II, Item 3.

Item 6: The variance in the number of Emergency Room visits can be attributed to an increase in the number of visitors and aging population on the Big Island.

PROGRAM TITLE:

ALII COMMUNITY CARE

12/3/24

PROGRAM-ID:

HTH-213

PROGRAM STRUCTURE NO:

050204

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	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 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - ASSISTED LIVING	NO DATA	70	+ 70	0	NO DATA	79	+ 79	0				
PART III: PROGRAM TARGET GROUP												
1. ESTIMATED POPULATION SERVICE AREA - MAUI COUNTY	NO DATA	164264	+ 164264	0	NO DATA	164264	+ 164264	0				
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF UNITS OCCUPIED - ASSISTED LIVING	NO DATA	80	+ 80	0	NO DATA	90	+ 90	0				

PROGRAM TITLE: ALII COMMUNITY CARE

PART I - EXPENDITURES AND POSITIONS

No significant variances.

PART II - MEASURES OF EFFECTIVENESS

No significant variances.

PART III - PROGRAM TARGET GROUPS

No significant variances.

PART IV - PROGRAM ACTIVITIES

No significant variances.

PROGRAM TITLE:

PRIVATE HOSPITALS & MEDICAL SERVICES

12/3/24

PROGRAM-ID:

SUB-601

PROGRAM STRUCTURE NO:

050205

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS												
EXPENDITURES (\$1000's)												
TOTAL COSTS												
POSITIONS												
EXPENDITURES (\$1000's)												
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	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		

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

12/3/24

PROGRAM-ID:

HTH-214

PROGRAM STRUCTURE NO:

050206

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	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)	22,000	22,000	+ 0	0	0	0	+ 0	0	17,400	17,400	+ 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)	22,000	22,000	+ 0	0	0	0	+ 0	0	17,400	17,400	+ 0	0

VARIANCE REPORT NARRATIVE FY 2024 AND FY 2025

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.

PROGRAM TITLE: HHSC - OAHU REGION

12/3/24

PROGRAM-ID: HTH-215

PROGRAM STRUCTURE NO: 050207

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	440.00	371.30	- 68.70	16	440.00	374.05	- 65.95	15	440.00	387.00	- 53.00	12
EXPENDITURES (\$1000's)	65,189	48,957	- 16,232	25	15,408	12,832	- 2,576	17	53,964	48,803	- 5,161	10
TOTAL COSTS												
POSITIONS	440.00	371.30	- 68.70	16	440.00	374.05	- 65.95	15	440.00	387.00	- 53.00	12
EXPENDITURES (\$1000's)	65,189	48,957	- 16,232	25	15,408	12,832	- 2,576	17	53,964	48,803	- 5,161	10
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - LONG TERM CARE	84	78	- 6	7	84	80	- 4	5				
2. AVERAGE LENGTH OF STAY - LONG TERM CARE (DAYS)	397	344	- 53	13	397	376	- 21	5				
3. OCCUPANCY RATE - TUBERCULOSIS	0	4	+ 4	0	0	0	+ 0	0				
4. AVERAGE LENGTH OF STAY - TUBERCULOSIS	0	30	+ 30	0	0	0	+ 0	0				
5. AVERAGE OPERATING COST PER PATIENT DAY (EXCL EQUIP)	720	734	+ 14	2	720	776	+ 56	8				
6. AVERAGE PATIENT REVENUE PER PATIENT DAY	390	403	+ 13	3	390	478	+ 88	23				
PART III: PROGRAM TARGET GROUP												
1. ESTIMATE POPULATION OF SERVICE AREA OVER AGE 65	186000	199441	+ 13441	7	186000	198444	+ 12444	7				
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF ADMISSIONS - LONG TERM CARE	96	192	+ 96	100	96	185	+ 89	93				
2. NUMBER OF PATIENT DAYS - LONG TERM CARE	36000	66676	+ 30676	85	36000	69397	+ 33397	93				
3. NUMBER OF PATIENT DAYS - ADULT DAY CARE	6800	12467	+ 5667	83	6800	14687	+ 7887	116				
4. NUMBER OF ADMISSIONS - TUBERCULOSIS	0	2	+ 2	0	0	0	+ 0	0				
5. NUMBER PATIENT DAYS - TUBERCULOSIS	0	60	+ 60	0	0	0	+ 0	0				

PROGRAM TITLE: HHSC - OAHU REGION

PART I - EXPENDITURES AND POSITIONS

The Hawaii Health Systems Corporation - Oahu Region was established by Act 248, SLH 2022. During FY 24 and FY 25 1st Quarter and 2nd to 4th Quarters, the Oahu Region's actual and estimated expenditures were below the the budgeted amount. The Special Fund appropriation represents the ceiling of the expenditure and is not the cash collected. This occurred when the Oahu Region's facilities unfortunately experienced unprecedented levels of vacancies due to numerous retirements, lateral transfers, and our inability under the current healthcare workforce shortage to replace these vital positions. The impact on our operations has been affected such that we were forced to slow, and sometimes pause, our admissions and repeatedly turn away community members in desperate need of long-term care. As a result, the patient days decreased. Through new recruitment and incentive programs that we have instituted with Healthcare Association of Hawaii and other partners - including becoming an established Certified Nursing Aide training site - we are hopeful that we will be able to fill our staffing needs and return to normal operating capacity in the latter half of FY 25.

PART II - MEASURES OF EFFECTIVENESS

Item 2: The average length of stay for Long Term Care for FY 24 were lower than the budgeted amount by 13% due to the unprecedented levels of vacant staffing positions. As result of this shortage of healthcare work force and certain limited COVID-19 restrictions placed to prevent outbreaks, patient days were impacted by 8%, which lowered the average length of stay.

Item 6: The average patient revenue per patient day for FY 25 increased from the budgeted amount by 23% due to the increase in Medicaid reimbursement rate.

PART III - PROGRAM TARGET GROUPS

No significant variances.

PART IV - PROGRAM ACTIVITIES

Item 1: The budgeted number of admissions for Leahi and Maluhia should be 192 instead of 96 for FY 24 and FY 25. It was inadvertently reflected at average of both facilities. With this change, the variance between budget and actual/estimate for FY 24 and FY 25 is less than 10%.

Item 2: The number of patient days Long Term Care for Leahi and Maluhia budgeted should be 72,000 instead of 36,000. It was inadvertently reflected at average of both facilities. With this change, the variance between budget and actual/estimate for FY 24 and FY 25 is less than 10%.

Item 3: The number of patient days - Adult Day Health for Leahi and Maluhia budgeted should be 13,600 instead of 6,800. It was inadvertently reflected at average of both facilities. With this change, the variance between budget and actual/estimate for FY 24 and FY 25 is less than 10%.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	1,507.00	1,049.50	- 457.50	30	1,534.50	1,097.00	- 437.50	29	1,534.50	1,365.50	- 169.00	11
EXPENDITURES (\$1000's)	395,667	421,089	+ 25,422	6	102,177	100,486	- 1,691	2	371,772	394,241	+ 22,469	6
TOTAL COSTS												
POSITIONS	1,507.00	1,049.50	- 457.50	30	1,534.50	1,097.00	- 437.50	29	1,534.50	1,365.50	- 169.00	11
EXPENDITURES (\$1000's)	395,667	421,089	+ 25,422	6	102,177	100,486	- 1,691	2	371,772	394,241	+ 22,469	6
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % OF INDIVIDUALS SUCCESSFULLY COMPLETING TX SVCS	40	42	+ 2	5	40	43	+ 3	8				
2. # OF INDIVS SRVD BY DIVS OF THE BEHAVIORAL HTH ADM	100	121.32	+ 21.32	21	100	113.85	+ 13.85	14				

PART I - EXPENDITURES AND POSITIONS

Details of the expenditure variance are best examined at the lowest program level.

PART II - MEASURES OF EFFECTIVENESS

See the lowest level programs for explanation of variances.

PROGRAM TITLE:

ADULT MENTAL HEALTH - OUTPATIENT

12/3/24

PROGRAM-ID:

HTH-420

PROGRAM STRUCTURE NO:

050301

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	232.00	155.00	- 77.00	33	254.00	173.50	- 80.50	32	254.00	254.00	+ 0.00	0
EXPENDITURES (\$1000's)	81,736	88,451	+ 6,715	8	19,824	25,396	+ 5,572	28	81,165	90,645	+ 9,480	12
TOTAL COSTS												
POSITIONS	232.00	155.00	- 77.00	33	254.00	173.50	- 80.50	32	254.00	254.00	+ 0.00	0
EXPENDITURES (\$1000's)	81,736	88,451	+ 6,715	8	19,824	25,396	+ 5,572	28	81,165	90,645	+ 9,480	12
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % CONSUMERS WITH HOUSING	95	96	+ 1	1	95	96	+ 1	1				
2. % CONSUMERS SOCIALLY OR VOCATIONALLY ENGAGED	7 NO DATA		- 7	100	7 NO DATA		- 7	100				
3. % SATISFIED CONSUMERS	92 NO DATA		- 92	100	92 NO DATA		- 92	100				
PART III: PROGRAM TARGET GROUP												
1. EST PREVAL ADULTS WITH SERIOUS MENTAL ILLNESS	61172	59489	- 1683	3	61047	59489	- 1558	3				
2. # PERSONS UTILIZING THE HAWAII CARES LINE	110251	103056	- 7195	7	113558	103056	- 10502	9				
PART IV: PROGRAM ACTIVITY												
1. # CONSUMERS SERVED: CMHCS	2381	3546	+ 1165	49	2381	3546	+ 1165	49				
2. # CONSUMERS SERVED: POS PROGRAMS	5606	5166	- 440	8	5662	5166	- 496	9				
3. # ELIGIBILITY DETERMINATIONS PERFORMED	1450	1231	- 219	15	1450	909	- 541	37				
4. # CONSUMERS SERVED: SPEC RESIDENTIAL SERVICES	68	69	+ 1	1	68	69	+ 1	1				
5. # CONSUMERS SERVED: GROUP HOME SERVICES	850	695	- 155	18	850	695	- 155	18				
6. # OF CONSUMERS SERVED: CRISIS MOBILE OUTREACH	5036	3048	- 1988	39	5288	4635	- 653	12				

PROGRAM TITLE: ADULT MENTAL HEALTH - OUTPATIENT

PART I - EXPENDITURES AND POSITIONS

The position variance in FY 24 is caused by difficulties in hiring and retaining qualified individuals and positions to be classified and filled after a reorganization is approved. The expenditure variance is attributed to expenditures from non-appropriated federal funds.

At the end of the first quarter of FY 25, the position variance is attributed to difficulties in hiring and retaining qualified individuals and positions to be classified and filled after a reorganization is approved. The first quarter and year end expenditure variances are attributed to expenditures from non-appropriated federal funds.

PART II - MEASURES OF EFFECTIVENESS

No data available for Items 2-3.

PART III - PROGRAM TARGET GROUPS

No significant variance.

PART IV - PROGRAM ACTIVITIES

Item 1. The variances are attributed to an increase in individuals needing services after the Maui wildfires.

Item 3. The variances are attributed to difficulties in hiring and retaining qualified individuals which may affect the ability to conduct eligibility determinations.

Item 5. The variances are attributed to a decrease in the number of available group home beds.

Item 6. The variances are attributed to changes in data calculation methods. These changes were necessary to accommodate updates to data collection and reporting workflows and to eliminate any duplicates or overestimates that may have been included in previously reported planned amounts.

PROGRAM TITLE:

ADULT MENTAL HEALTH - INPATIENT

12/3/24

PROGRAM-ID:

HTH-430

PROGRAM STRUCTURE NO:

050302

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	843.00	576.00	- 267.00	32	847.00	601.00	- 246.00	29	847.00	697.00	- 150.00	18
EXPENDITURES (\$1000's)	97,980	108,606	+ 10,626	11	33,674	33,798	+ 124	0	101,024	101,394	+ 370	0
TOTAL COSTS												
POSITIONS	843.00	576.00	- 267.00	32	847.00	601.00	- 246.00	29	847.00	697.00	- 150.00	18
EXPENDITURES (\$1000's)	97,980	108,606	+ 10,626	11	33,674	33,798	+ 124	0	101,024	101,394	+ 370	0
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % CLIENTS DISCHARGED TO COMMUNITY-BASED SVCS	70	46	- 24	34	70	65	- 5	7				
2. % CLIENTS TREATED/DISCH W/CONT COMM TENURE > 12 MO	33	24	- 9	27	33	30	- 3	9				
3. % CLIENTS TRANSFERRED TO A CONTRACT FACILITY	15	4	- 11	73	15	14	- 1	7				
PART III: PROGRAM TARGET GROUP												
1. # PENAL COMMITMENT PATIENTS	330	61	- 269	82	360	601	+ 241	67				
2. # CIVIL COMMITMENT PATIENTS	5	1	- 4	80	5	1	- 4	80				
PART IV: PROGRAM ACTIVITY												
1. # NEW ADMISSIONS	140	221	+ 81	58	146	225	+ 79	54				
2. # READMISSIONS	200	381	+ 181	91	200	380	+ 180	90				
3. # DISCHARGES	350	562	+ 212	61	350	560	+ 210	60				
4. # FORENSIC/COURT-ORDERED ADMISSIONS	330	601	+ 271	82	330	605	+ 275	83				

PROGRAM TITLE: ADULT MENTAL HEALTH - INPATIENT

PART I - EXPENDITURES AND POSITIONS

As of June 30, 2024, there were a total of 267 vacant positions. High vacancy rates in the Human Resources Unit have impacted HSH's ability to facilitate effective recruitment and hiring. To address this, Hawaii State Hospital (HSH) has assigned some employees to assist the HR unit in the recruitment and hiring process. As a result, HSH expects to fill vacant positions through FY 25.

As of September 30, 2024, HSH was able to reduce the number of vacancies to 246. HSH expects to fill more positions in the second through the fourth quarters of FY 25.

FY 24 Expenditures: As of June 30, 2024, HSH had a deficit of \$10,626,000 due to high overtime costs and the high cost of agency and locum tenens contracts. High vacancy rates and high census have led to increased overtime expenses. HSH has also had to rely on nursing agency and locum tenens contracts due to the high vacancy rates and census.

FY 25 Positions: As of June 30, 2025, the number of vacancies is expected to decrease to 150. HSH continues its efforts to fill vacant positions.

PART II - MEASURES OF EFFECTIVENESS

Item 1. For FY 24, the percentage of patients discharged to community-based services was 34% lower than planned. This outcome is not unexpected, as discharges depend on patients' conditions, which makes it difficult to predict the overall conditions of all patients accurately.

Item 2. For FY 24, the percentage of patients treated or discharged (patients with a tenure of over 12 months) was 27% lower than planned. This outcome is consistent with expectations, as accurately predicting the overall condition of all patients is challenging.

Item 3. For FY 24, the percentage of patients transferred to a contracted

facility was 73% lower than planned. This was because the Kahi Mohala facility, which was acquired by Queen's Medical Center, was unable to accept patients, resulting in the transfer of patients back to HSH from January to April 2024.

PART III - PROGRAM TARGET GROUPS

Item 1. For FY 24, the number of penal commitment patients was 271 more than planned. This increase is due to more defendants being ordered to HSH by judges. It is difficult to predict how many defendants will be ordered to HSH. For FY 25, HSH estimates that the figures will be similar to the actual number in FY 24, resulting in 241 more than planned.

Item 2. For FY 24 and FY 25, the number of civil commitment patients is four less than planned. This decrease was due to a decrease in patient flow through the legal system related to COVID-19.

PART IV - PROGRAM ACTIVITIES

Items 1-4. For FY 24, the number of admissions and discharges is higher than planned. This is due to more defendants being ordered by judges and admitted to HSH. It is difficult to predict how many defendants will be ordered to HSH for psychiatric evaluation and treatment.

For FY 25, the number of admissions and discharges is estimated to be similar to the actual number in FY 24. As a result, they are higher than planned.

PROGRAM TITLE:

ALCOHOL & DRUG ABUSE DIVISION

12/3/24

PROGRAM-ID:

HTH-440

PROGRAM STRUCTURE NO:

050303

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25						
	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	19.00	-	10.00	34	29.00	19.00	-	10.00	34	29.00	29.00	+	0.00	0
EXPENDITURES (\$1000's)	36,516	45,669	+	9,153	25	8,540	11,791	+	3,251	38	25,619	24,724	-	895	3
TOTAL COSTS															
POSITIONS	29.00	19.00	-	10.00	34	29.00	19.00	-	10.00	34	29.00	29.00	+	0.00	0
EXPENDITURES (\$1000's)	36,516	45,669	+	9,153	25	8,540	11,791	+	3,251	38	25,619	24,724	-	895	3
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % OF INDIVIDUALS SUCCESSFULLY COMPLETING TX SVCS	40	42	+	2	5	40	43	+	3	8					
2. # INDIVIDUALS OBTAIN/MAINTAIN THEIR SA PROF CERT	970	1366	+	396	41	970	1300	+	330	34					
3. % ATTENDEES RPTING SATISFACTION W/ TRNG EVENTS	96	89	-	7	7	96	96	+	0	0					
4. # SA TX PROGS THAT OBTAIN/MAINTAIN ACCREDITATION	21	21	+	0	0	21	22	+	1	5					
PART III: PROGRAM TARGET GROUP															
1. INDIVIDUALS IN NEED OF SA TREATMENT SVCS	90868	211000	+	120132	132	90868	211500	+	120632	133					
2. INDIVIDUALS WHO ARE SEEKING SA CERTIFICATION	310	498	+	188	61	310	450	+	140	45					
3. # SA DIRECT SVC STAFF THAT CAN BENEFIT FR SA TRNGS	1400	1366	-	34	2	1400	1400	+	0	0					
4. # OF SA TREATMENT PROGS THAT REQUIRE ACCREDITATION	21	21	+	0	0	21	21	+	0	0					
PART IV: PROGRAM ACTIVITY															
1. # OF INDIVIDUALS RECEIVING TREATMENT SVCS	4600	4077	-	523	11	4600	4600	+	0	0					
2. # OF INDIVIDUALS RECEIVE CURRICULUM-BASE PREV SVCS	3700	5643	+	1943	53	3700	3700	+	0	0					
3. # PROVIDED INFO RE STATUS OF SA CERT/RECERT APP	440	571	+	131	30	440	440	+	0	0					
4. # SA CERT PROFS-OTHER SA STAFF ENROLLED IN TRNG	1700	2088	+	388	23	1700	2090	+	390	23					
5. # OF SA TREATMENT PROGS REVIEWED FOR ACCREDITATION	21	21	+	0	0	21	21	+	0	0					

PROGRAM TITLE: ALCOHOL & DRUG ABUSE DIVISION

PART I - EXPENDITURES AND POSITIONS

The FY 24 and FY 25 variances in positions filled are due to the difficulty of filling positions and the length of time it takes to hire qualified staff at civil service salaries.

The FY 24 and FY 25 variances in expenditures are due to short-term unappropriated federal grant expenditures increasing the expenditure levels.

PART II - MEASURES OF EFFECTIVENESS

Item 2. The variance increase of 41% in FY 24 is attributed to the increase in applications received for certification. The estimated 34% variance for FY25 is due to an increase in renewals.

PART III - PROGRAM TARGET GROUPS

Item 1. The 132% increase in FY 24 and 133% increase in FY 25 are due to the increased availability of social and medical detox programs, greater media information and attention on getting help for substance use addiction and on the use of naloxone to address the increase of overdose deaths Statewide.

Item 2. The 61% variance increase in FY 24 is attributed to implementation of recruitment strategies used by the workforce providers, and incentives within the contractual requirements. The estimated 45% increase in FY 25 is likely due to continued implementation of workforce development strategies.

PART IV - PROGRAM ACTIVITIES

Item 1. The 11% decrease in FY 24 is due to the lack of funding provided to contracted treatment providers.

Item 2. The FY 24 increase is attributed to more individuals receiving curriculum-based prevention services from prevention providers. The variance is thought to be a consequence of increased provider resources,

rebounding activities, and a higher need for services. It is anticipated that service levels will decrease in FY 25.

Item 3. The 30% increase in FY 24 is due to an increase in the number of certification renewals within the same period.

Item 4. This 23% increase in FY 24 is due to training offered to other behavioral health professionals and first responders, more training opportunities to include peer recovery specialists, and greater interest among other professionals such as the Department of Education attending events on substance use awareness and disorders. The 23% increase for FY 25 is likely due to opportunities for asynchronous training becoming available.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	188.50	144.50	- 44.00	23	188.50	145.50	- 43.00	23	188.50	169.50	- 19.00	10
EXPENDITURES (\$1000's)	64,238	62,068	- 2,170	3	16,450	1,197	- 15,253	93	67,179	71,702	+ 4,523	7
TOTAL COSTS												
POSITIONS	188.50	144.50	- 44.00	23	188.50	145.50	- 43.00	23	188.50	169.50	- 19.00	10
EXPENDITURES (\$1000's)	64,238	62,068	- 2,170	3	16,450	1,197	- 15,253	93	67,179	71,702	+ 4,523	7

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % OF YOUTH RECEIVING IN-HOME SERVICES	53	51	- 2	4	53	51	- 2	4
2. % OF YOUTH RECV OUT/HOME THERAP FOSTER HOME SVCS	6	3.3	- 2.7	45	6	3.3	- 2.7	45
3. % OF YOUTH RECV OUT/HOME COMM BASED RESIDTL SVCS	4	5	+ 1	25	4	4	+ 0	0
4. % OF YOUTH RECV OUT/HOME HOSPIT BASED RESIDTL SVCS	3	4	+ 1	33	3	3	+ 0	0
5. % OF YOUTH RECV OUT/HOME OUT OF STATE SERVICES	1	1	+ 0	0	1	1	+ 0	0
6. AVE # OF DAYS YOUTH ENROLLED IN IN-HOME SVCS	237	209	- 28	12	237	209	- 28	12
7. AVE # OF DAYS YOUTH ENRO OUT/HOME THERAP FOST HOME	303	175	- 128	42	303	175	- 128	42
8. AVE # OF DAYS YOUTH ENRO OUT/HOME COMM BASED RESID	145	135	- 10	7	145	135	- 10	7
9. AVE # OF DAYS YOUTH ENRO OUT/HOME HOSP BASED SVCS	63	51	- 12	19	63	51	- 12	19
10. AVE # OF DAYS YOUTH ENRO OUT/HOME OUT OF STATE SVC	425	283	- 142	33	425	283	- 142	33

PART III: PROGRAM TARGET GROUP								
1. # OF YOUTH WITH MEDICAID ENROLLMENT AND TREATMENT	1847	1463	- 384	21	1847	1600	- 247	13
2. # OF YOUTH WITH EDUCATIONALLY-LINKED TREATMENT	167	71	- 96	57	167	95	- 72	43
3. # OF YOUTH WITH JUDICIALLY ENCUMBERED TREATMENT	93	224	+ 131	141	93	224	+ 131	141
4. # OF YOUTH AGE 12 AND UNDER	553	641	+ 88	16	553	641	+ 88	16
5. # OF YOUTH WITH OTHER FUNDED TREATMENT	16	15	- 1	6	16	15	- 1	6

PART IV: PROGRAM ACTIVITY								
1. TOTAL AMT (IN 1,000'S) BILLED FOR CONTRACTED SVCS	32000	30948	- 1052	3	32000	31500	- 500	2
2. TOTAL AMT REIMB (1,000'S) BY MEDCD FOR CONTRA SVC	12000	6534	- 5466	46	12000	11000	- 1000	8
3. % OF CONTRACTED SVCS COSTS WHICH FED REIMB RECVD	35	21	- 14	40	35	29	- 6	17
4. TOTAL # OF YOUTH SERVED	2350	1774	- 576	25	2350	2000	- 350	15
5. TOTAL # OF YOUTH SERVED WITH CONTRACTED SERVICES	1425	1032	- 393	28	1425	1200	- 225	16

PROGRAM TITLE: CHILD & ADOLESCENT MENTAL HEALTH

PART I - EXPENDITURES AND POSITIONS

The Child and Adolescent Mental Health Division (CAMHD) had a vacancy rate of 23% at the end of FY 24. Many of our positions are very difficult to fill as there is currently a behavioral health workforce shortage, both nationally and in Hawaii. Among those are Clinical Psychologist (CP), Psychiatrist, and Social Worker/Human Service Professional (SW/HSP). We have recently filled one of the psychiatrist positions and most of the CP positions, but are still having difficulty finding qualified SW/HSPs to work directly with our youth. We are attending job fairs and working with our local universities to recruit new graduates.

PART II - MEASURES OF EFFECTIVENESS

Item 2. This is a positive variance in that the percentage of youth in out of home/therapeutic foster home services decreased. Our goal is for youth to receive services in their home whenever possible.

Item 3. The percentage of youth receiving community based residential services is so small that staying below a 10% variance is difficult. However, this variance is partially due to shortages in lower levels of care. CAMHD will be implementing rate increases for providers during FY 25 to address these shortages.

Item 4. The percentage of youth receiving hospital based residential services is so small that staying below a 10% variance is difficult. However, this variance is partially due to shortages in lower levels of care. CAMHD will be implementing rate increases for providers during FY 25 to address these shortages.

Item 6. This is a positive indicator in that the number of days that youth are placed in this level of care has decreased. This improvement may be due to active review of clients' length of stay in services. The CAMHD hopes to continue this trend through active clinical oversight.

Item 7. This is a positive indicator in that the number of days that youth are placed out of their home has decreased. This improvement may be

due to active review of clients' length of stay in out of home placements. The CAMHD hopes to continue this trend through active clinical oversight.

Item 8. This is a positive indicator in that the number of days that youth are placed in residential treatment has decreased. This improvement may be due to active review of clients' length of stay in out of home placements. The CAMHD hopes to continue this trend through active clinical oversight.

Item 9. This is a positive indicator in that the number of days that youth are placed in the hospital has decreased. This improvement may be due to active review of clients' length of stay in out of home placements. The CAMHD hopes to continue this trend through active clinical oversight.

Item 10. This is a positive indicator in that the number of days that youth are placed out of state has decreased. In addition, CAMHD has decreased the total number of youth placed out of State. CAMHD strives to serve as many youth in Hawaii and in their homes as possible.

PART III - PROGRAM TARGET GROUPS

Item 1. CAMHD has not reached the targeted number of youth with Medicaid enrollment and treatment since the pandemic. CAMHD psychiatrists will be working with community pediatricians to improve the early identification of youth in need of services. In addition, CAMHD has contracted for community outreach and expanded crisis support to facilitate access to services.

Item 2. The number of youth with educationally linked treatment has continued to decline since the pandemic. This may be due to the change in infrastructure at the Department of Education (DOE) in providing mental health services through Hazel Health, as well as less identification of youth as being Individuals with Disabilities Education Act (IDEA).

Item 3. The way the CAMHD system captures data about the number of youths who are judicially encumbered may be artificially inflating this value. CAMHD collaborates with the Office of Youth Services to provide

PROGRAM TITLE: CHILD & ADOLESCENT MENTAL HEALTH

support to at-risk youth, but not all of those youth are involved in the criminal justice system.

Item 4. This is a positive indicator in that CAMHD aims for earlier identification of mental health issues in order to improve the chances for a reduced need for restrictive services and contribute to better outcomes later in life.

PART IV - PROGRAM ACTIVITIES

Item 2. CAMHD had fewer youths eligible for Medicaid services. In addition, there were delays in payments from Medicaid. CAMHD has been working with both the Department of Health (DOH) and Medicaid for better processing of payments between the two agencies.

Item 3. CAMHD had fewer youths eligible for Medicaid services. In addition, there were delays in payments from Medicaid. CAMHD has been working with both DOH and Medicaid for better processing of payments between the two agencies.

Item 4. CAMHD's census of youths served has still not recovered to pre-pandemic levels. We contracted for community outreach services to assist with identifying youth in need of services, and are working on strengthening our partnership with DOE to provide support to more students.

Item 5. CAMHD's census of youths served has still not recovered to pre-pandemic levels. We contracted for community outreach services to assist with identifying youth in need of services, and are working on strengthening our partnership with DOE to provide support to more students.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	214.00	153.00	- 61.00	29	214.00	156.00	- 58.00	27	214.00	214.00	+ 0.00	0
EXPENDITURES (\$1000's)	114,803	108,003	- 6,800	6	23,620	22,385	- 1,235	5	96,643	97,878	+ 1,235	1
TOTAL COSTS												
POSITIONS	214.00	153.00	- 61.00	29	214.00	156.00	- 58.00	27	214.00	214.00	+ 0.00	0
EXPENDITURES (\$1000's)	114,803	108,003	- 6,800	6	23,620	22,385	- 1,235	5	96,643	97,878	+ 1,235	1
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % OF PERSONS WITH D/ID RCVNG DD SRVCS	13	16.6	+ 3.6	28	13	13	+ 0	0				
2. # ADULTS CHOOSING THEIR OWN LIVING ARRANGEMENTS	2760	3200	+ 440	16	2760	3200	+ 440	16				
3. % ADULT FOSTER HOMES RE-CERTIFIED PRIOR TO EXP CER	90	90	+ 0	0	90	95	+ 5	6				
4. % PERSONS IN HSH RECEIVING DENTAL TREATMENTS	95	90	- 5	5	95	90	- 5	5				
5. % PERSONS WHO COMPLETE DENTAL TREATMENT	45	43	- 2	4	45	43	- 2	4				
PART III: PROGRAM TARGET GROUP												
1. # OF PERSONS SUBMTG APPLICATIONS EGBL FOR DD SRVC	125	148	+ 23	18	125	150	+ 25	20				
2. # OF PEOPLE IN HI WHO SUSTAINED NEUROTRAUMA INJURY	575	575	+ 0	0	575	575	+ 0	0				
3. # AUTHORIZED POSITIONS (PERM & TEMP)	3260	NO DATA	- 3260	100	3260	NO DATA	- 3260	100				
4. # OF KEY COMMUN STAKEHLDRS FOR PHP OR ER ACT	40	NO DATA	- 40	100	40	NO DATA	- 40	100				
PART IV: PROGRAM ACTIVITY												
1. # UNDUPLICATED INDIVS RECVG STATE-FUNDED SUPPORTS	110	94	- 16	15	110	95	- 15	14				
2. # OF NEW APPLICANTS FOR DD SERVICES	200	201	+ 1	1	200	200	+ 0	0				
3. # OF PERSONS RECEIVING HCBS-DD/ID WAIVER	2900	2991	+ 91	3	2900	2900	+ 0	0				
4. % OF ADULT FOSTER HOME RECERTIFIED FREE OF MED ERR	90	98	+ 8	9	90	90	+ 0	0				
5. # OF PERSONS W/DD EMPLOYED IN COMPETITIVE INTEGRA	177	177	+ 0	0	177	177	+ 0	0				
6. % ADVRS EVNT REPTS W/PLAN TO PREVENT ADVERSE EVENT	95	97	+ 2	2	95	95	+ 0	0				
7. # OF PERSONS RECEIVING CASE MANAGEMENT SERVICES	3300	3504	+ 204	6	3300	3500	+ 200	6				
8. # PERSONS IN HSH RECEIVING DENTAL TREATMENT	240	166	- 74	31	240	166	- 74	31				
9. # PERSONS RECEIVING DENTAL TREATMENT AT DOH CLINIC	1450	1062	- 388	27	1450	1100	- 350	24				

PROGRAM TITLE: DEVELOPMENTAL DISABILITIES

PART I - EXPENDITURES AND POSITIONS

The variance in position counts for FY 24 is due to difficulty in securing interviews and attracting applicants to fill vacant positions. The program continues to experience difficulty filling vacant positions in FY 25. All positions except six (6) positions are being actively recruited for. The six (6) positions are pending review and approval of position redescription by the Department Human Resources Office, Classification Section.

The expenditure variance for FY 24 is \$6.8 million out of which \$3.8 million were soft and hard restrictions. \$2.75 million came from unused allotments from the two "B" funds. The rest of the variance was due to insufficient allotment in "A" fund to process the State's portion of the Waiver Services for June 2024.

The expenditure variance for FY 25 is due to insufficient temporary allotment for the first quarter in "B" fund to encumber funds for contracts.

PART II - MEASURES OF EFFECTIVENESS

Item 1. The Developmental Disabilities Division(DDD) is currently serving 16.6% of the population in the State of Hawaii who are reported to have an I/DD. The DD Division has improved its outreach efforts to bring the knowledge and resources of our services and intake process to rural areas, schools, and underserved communities, which has helped us reach a broader population.

Item 2. DDD exceeded this measure in FY 24, exceeding the planned amount by 16%. This is due to the establishment and enforcement of policies and practices that ensure a participant's right to choose where they live, and to remediate situations in which there are barriers to this choice. DDD expects this trend to continue into FY 25.

PART III - PROGRAM TARGET GROUPS

Item 1. The variance was due to most intake applicants in FY 24 meeting the eligibility criteria. The trend is expected to continue in FY 25.

Items 3-4. Data for these items are collected by another program, not HTH 501 (DDD). Both items have been left blank and will be deleted in the next program structure update in the next biennium, as they do not pertain to program.

PART IV - PROGRAM ACTIVITIES

Item 1. DDD has trained staff, increased collaboration with partners, and has updated the process for referring individuals for State-funded support, which is expected to continue the upward trend of individuals receiving State-funded support.

Item 4. DDD exceeded the planned measure by 9 % in FY 24. DDD continues to implement strategies to ensure Adult Foster Homes are recertified prior to the expiration of the certificate.

Item 8. The decrease in the actual persons receiving dental treatment is due to the Hawaii State Hospital (HSH) admittance of court-admitted patients and limited staffing at the HSH. The decrease in the estimated number of persons receiving dental treatment is based on the actual number of patients treated in FY 24 and past HSH admittance of court-admitted patients and staffing capacity.

Item 9. The decrease in the actual persons receiving dental treatment is due to the continued effect of the COVID-19 pandemic (patients deferring dental treatment) and vacant positions (dentist and dental assistant) which significantly decreased our clinics' operational capacity to treat patients this fiscal year. Additionally, the number of dental applicants has been lower than initially expected. DDD has been actively promoting and engaging with the community to raise awareness about the services we provide to Medicaid participants to increase the number of patients served.

The decrease in the estimated persons receiving dental treatment is based on a current/projected vacant position (dentist) which significantly

PROGRAM TITLE: DEVELOPMENTAL DISABILITIES

decreases our clinics' operational capacity to treat more patients this fiscal year. We are actively recruiting to fill the vacant position to maintain our established patients and accept new patients.

PROGRAM TITLE:

BEHAVIORAL HEALTH ADMINISTRATION

12/3/24

PROGRAM-ID:

HTH-495

PROGRAM STRUCTURE NO:

050306

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	0.50	2.00	+ 1.50	300	2.00	2.00	+ 0.00	0	2.00	2.00	+ 0.00	0
EXPENDITURES (\$1000's)	394	8,292	+ 7,898	2,005	69	5,919	+ 5,850	8,478	142	7,898	+ 7,756	5,462
TOTAL COSTS												
POSITIONS	0.50	2.00	+ 1.50	300	2.00	2.00	+ 0.00	0	2.00	2.00	+ 0.00	0
EXPENDITURES (\$1000's)	394	8,292	+ 7,898	2,005	69	5,919	+ 5,850	8,478	142	7,898	+ 7,756	5,462
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. # OF INDIVIDUALS SERVED BY THE DIVISIONS OF BHA	17490	21218	+ 3728	21	17450	19867	+ 2417	14				
PART III: PROGRAM TARGET GROUP												
1. RESIDENT POPULATION OF HAWAII	1433379	1435138	+ 1759	0	1429368	1433703	+ 4335	0				
PART IV: PROGRAM ACTIVITY												
1. # OF INDIVIDUALS SERVED IN BH PREVENTION SERV/PROG	NO DATA	5643	+ 5643	0	NO DATA	3700	+ 3700	0				
2. # OF INDIVIDUALS SERVED IN BH TREATMENT/SERVI PROG	17490	15004	- 2486	14	17450	15727	- 1723	10				

PROGRAM TITLE: BEHAVIORAL HEALTH ADMINISTRATION

PART I - EXPENDITURES AND POSITIONS

The position variance in FY 24 is caused by a legislative adjustment error that erroneously transferred out 1.50 full-time equivalent positions twice. The expenditure variance is attributed to expenditures from non-appropriated federal funds.

The expenditure variances in FY 25 are attributed to expenditures from non-appropriated federal funds.

PART II - MEASURES OF EFFECTIVENESS

Item 1. The net variances in both fiscal years are attributed to: (1) an increase in the general State population; (2) an increase in the number of those receiving curriculum education; (3) an increase in the number of substance use professionals being helped towards certification/recertification; (4) the establishment of the Certified Community Behavioral Health Center on Maui; (5) increased need for behavioral health services post-Maui wildfire emergency; and (6) updates to data collection and reporting workflows.

PART III - PROGRAM TARGET GROUPS

No significant variance.

PART IV - PROGRAM ACTIVITIES

Item 2. The net variances in both years are attributed to the combined impact of the following: (1) an increase in the general state population; (2) an increase in the number of those receiving curriculum education; (3) an increase in the number of substance use professionals being helped towards certification/recertification; (4) the establishment of the Certified Community Behavioral Health Center on Maui; and (5) increased need for behavioral health services post-Maui wildfires.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	280.00	172.00	- 108.00	39	274.00	173.00	- 101.00	37	274.00	222.00	- 52.00	19
EXPENDITURES (\$1000's)	34,683	23,253	- 11,430	33	6,781	8,003	+ 1,222	18	29,846	16,730	- 13,116	44
TOTAL COSTS												
POSITIONS	280.00	172.00	- 108.00	39	274.00	173.00	- 101.00	37	274.00	222.00	- 52.00	19
EXPENDITURES (\$1000's)	34,683	23,253	- 11,430	33	6,781	8,003	+ 1,222	18	29,846	16,730	- 13,116	44
					FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1.	% FOOD SERVICE ESTABLISHMENTS RCVG "PASS" PLACARD				85	86	+ 1	1	85	85	+ 0	0
2.	% OF REQUESTS FOR SERVICES MET (STATE LAB SVCS)				100	100	+ 0	0	100	100	+ 0	0

PART I - EXPENDITURES AND POSITIONS

Details of the expenditure variance are best examined at the lowest program level.

PART II - MEASURES OF EFFECTIVENESS

See the lowest level programs for explanation of variances.

PROGRAM TITLE:

ENVIRONMENTAL HEALTH SERVICES

12/3/24

PROGRAM-ID:

HTH-610

PROGRAM STRUCTURE NO:

050401

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	159.00	113.00	-	46.00	29	159.00	118.00	-	41.00	26	159.00	158.00	-	1.00	1
EXPENDITURES (\$1000's)	13,625	13,238	-	387	3	3,833	5,492	+	1,659	43	10,210	8,450	-	1,760	17
TOTAL COSTS															
POSITIONS	159.00	113.00	-	46.00	29	159.00	118.00	-	41.00	26	159.00	158.00	-	1.00	1
EXPENDITURES (\$1000's)	13,625	13,238	-	387	3	3,833	5,492	+	1,659	43	10,210	8,450	-	1,760	17

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25					
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%		
PART II: MEASURES OF EFFECTIVENESS										
1. % OF HOMES, BUSINESSES RCVD VECTOR ASSTNC & OUTRCH	98	96	-	2	2	98	95	-	3	3
2. % FOOD ESTABLISHMENTS RECEIVING "PASS" PLACARD	85	86	+	1	1	85	85	+	0	0
3. % FOOD ESTABMTS RCVG "CONDITIONAL PASS" PLACARD	15	14	-	1	7	15	15	+	0	0
4. % FOOD ESTABLISHMENTS RECEIVING "CLOSED" PLACARD	1	1	+	0	0	1	1	+	0	0
5. % FARMS W/ VIOLATIVE PESTICIDE RESIDUES	5	0	-	5	100	5	2	-	3	60
6. % FOOD ESTABMTS W/RISK FACTORS FOODBORNE ILLNESS	15	14	-	1	7	15	15	+	0	0
7. % AIR-CONDITIOND/VENTILATD FACILITIES IN COMPLIANC	80	80	+	0	0	80	80	+	0	0
8. % NOISE PERMITS IN COMPLIANCE (IRH)	98	100	+	2	2	98	100	+	2	2
9. % RADIATION FACILITIES IN COMPLIANCE (IRH)	70	70	+	0	0	70	70	+	0	0
10. % ASBESTOS RENOV/DEMO (NESHAP) PROJS IN COMPLIANCE	90	90	+	0	0	90	90	+	0	0

PART III: PROGRAM TARGET GROUP												
1. # OF HOMES, BUSINESSES RCVD VECTOR ASSTNC & OUTRCH	3800	3750	-	50	1	3800	3800	+	0	0		
2. # FOOD ESTABLISHMENTS	10500	10595	+	95	1	11000	10700	-	300	3		
3. POPULATION OF HAWAII	1300000	1430880	+	130880	10	1300000	1400000	+	100000	8		
4. # TEMPORARY FOOD ESTABLISHMENT PERMITTEES	6000	3820	-	2180	36	6300	6300	+	0	0		
5. # FARMS WITH VIOLATIVE PESTICIDE RESIDUES	20	0	-	20	100	20	10	-	10	50		
6. # LICENSED RADIOLOGIC TECHNOLOGISTS (IRH)	1500	1800	+	300	20	1500	1800	+	300	20		
7. # TATTOO SHOPS	275	257	-	18	7	275	265	-	10	4		
8. # SITES WITH A NOISE PERMIT	450	470	+	20	4	450	450	+	0	0		
9. # OF RADIATION FACILITIES (IRH)	1100	1145	+	45	4	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	100	+	0	0	100	100	+	0	0		
2. # ROUTINE INSPECTIONS OF FOOD ESTABLISHMENTS	12000	6134	-	5866	49	13000	12500	-	500	4		
3. # FOOD SAFETY INSPECTIONS W/ 2/MORE MAJOR VIOLATNS	1000	678	-	322	32	1000	1000	+	0	0		
4. # AS-BUILT AC/VENTILATION INSPECTIONS (IRH)	60	53	-	7	12	60	60	+	0	0		
5. # FOOD PRODUCTS SAMPLED FOR PESTICIDE RESIDUE	240	0	-	240	100	240	120	-	120	50		
6. # FOODBORNE ILLNESS INVESTIGATIONS CONDUCTED	150	67	-	83	55	150	150	+	0	0		
7. # VECTOR COMPLAINT INSPTNS& SITE SURVEYS CONDUCTED	1400	1500	+	100	7	1400	1400	+	0	0		
8. # NOISE PERMIT INSPECTIONS (IRH)	1100	1113	+	13	1	1100	1100	+	0	0		
9. # INSPECTIONS OF RADIATION FACILITIES (IRH)	225	51	-	174	77	225	225	+	0	0		
10. # FOOD SAFETY CLASSES CONDUCTED	400	292	-	108	27	400	350	-	50	13		

PROGRAM TITLE: ENVIRONMENTAL HEALTH SERVICES

PART I - EXPENDITURES AND POSITIONS

The variances in the number of positions filled for FY 24 and for the first three months of FY 25 are primarily due to the lengthy recruitment process and difficulty in filling positions as well as one position that was unfunded (salary deleted by Act 9, SLH 2020) during both years.

For expenditures, the variance for FY 24 is primarily due to vacancy savings. The variances for FY 25 are primarily due to higher encumbrances and expenditures for facilities repair and maintenance and computer replacements in first quarter.

PART II - MEASURES OF EFFECTIVENESS

Item 5. The FY 24 variance is due to significant staff turnover and vacancies, with no Food and Drug Branch (FDB) filled positions available to conduct sampling and inspection activities and no filled positions at the State Laboratory (SLD) to conduct the sampling analysis. From late 2023 to the present, the Department of Health has filled several vacancies at both FDB and SLD and purchased new laboratory equipment to resume pesticide sampling, with an anticipated start date of December 2024 after training on the new equipment has been completed.

PART III - PROGRAM TARGET GROUPS

Item 3. The FY 24 variance is due to the higher-than-expected population growth.

Item 4. The FY 24 variance is due to a lack of access to data from January to June 2024, because the Food Safety Branch (FSB) switched information technology vendors and systems at the end of 2023. FSB will be able to generate accurate numbers by early February 2025 after the new electronic inspection and permitting system has been implemented.

Item 5. The variance explanation is the same as for Part II, Item 5.

Item 6. The FY 24 variance is due to an increase in radiology technicians

Statewide. This number is expected to stay consistently higher than in previous years as the amount of radiology services is rising.

PART IV - PROGRAM ACTIVITIES

Item 2. The FY 24 variance is due to the same reason as Part III, Item 4.

Item 3. The FY 24 variance is due to the same reason as Part III, Item 4.

Item 4. The FY 24 variance is due to an unanticipated increase in the complexity of a few of the inspections, which resulted in a lower number of inspections than was planned.

Item 5. The variance explanation is the same as for Part II, Item 5.

Item 6. The FY 24 variance is due to the same reason as Part III, Item 4.

Item 9. The FY 24 variance is due to vacancies in the Radiation Section of the Indoor & Radiological Health Branch. One of the two position vacancies has been filled. The program is recruiting for the second vacancy and intends to meet the planned number of inspections for FY 25.

Item 10. The variances are due to a reduction in the demand for food safety classes. Nearly all food establishments statewide are short-staffed, and this has resulted in lower demand for the mandated food safety classes and certifications.

PROGRAM TITLE:

STATE LABORATORY SERVICES

12/3/24

PROGRAM-ID:

HTH-710

PROGRAM STRUCTURE NO:

050402

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	74.00	59.00	- 15.00	20	68.00	55.00	- 13.00	19	68.00	64.00	- 4.00	6
EXPENDITURES (\$1000's)	11,157	10,015	- 1,142	10	2,948	2,511	- 437	15	8,843	8,280	- 563	6
TOTAL COSTS												
POSITIONS	74.00	59.00	- 15.00	20	68.00	55.00	- 13.00	19	68.00	64.00	- 4.00	6
EXPENDITURES (\$1000's)	11,157	10,015	- 1,142	10	2,948	2,511	- 437	15	8,843	8,280	- 563	6
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	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	180	205	+ 25	14	180	190	+ 10	6	180	190	+ 10	6
4. # OF LICENSED CLINICAL LABORATORY PERSONNEL	1400	1608	+ 208	15	1400	1600	+ 200	14	1400	1600	+ 200	14
5. # OF LABS PERFORMING CLINICAL DIAGNOSTIC TESTING	780	5	- 775	99	780	5	- 775	99	780	5	- 775	99
6. # OF LABS PERFORMING SUBSTANCE ABUSE TESTING	3	3	+ 0	0	3	3	+ 0	0	3	3	+ 0	0
7. # OF LABS PERFORMING ENVIRONMENTAL TESTING	16	16	+ 0	0	16	16	+ 0	0	16	16	+ 0	0
8. # OF LABS PERFORMING MEDICAL MARIJUANA TESTING	3	1	- 2	67	3	1	- 2	67	3	1	- 2	67
PART IV: PROGRAM ACTIVITY												
1. DRINKING WATER (WORK TIME UNITS)	400000	496366	+ 96366	24	400000	500860	+ 100860	25	400000	500860	+ 100860	25
2. WATER POLLUTION (WORK TIME UNITS)	325000	320008	- 4992	2	325000	452160	+ 127160	39	325000	452160	+ 127160	39
3. SEXUALLY TRANSMITTED DISEASE (WORK TIME UNITS)	320000	298500	- 21500	7	320000	311820	- 8180	3	320000	311820	- 8180	3
4. OTHER COMMUNICABLE DISEASES (WORK TIME UNITS)	575000	544500	- 30500	5	575000	544500	- 30500	5	575000	544500	- 30500	5
5. FOOD AND DRUGS (WORK TIME UNITS)	300000	110549	- 189451	63	300000	236900	- 63100	21	300000	236900	- 63100	21
6. AIR POLLUTION (WORK TIME UNITS)	680000	0	- 680000	100	680000	0	- 680000	100	680000	0	- 680000	100
7. # OF LABORATORY INSPECTIONS	30	30	+ 0	0	30	30	+ 0	0	30	30	+ 0	0
8. # OF LAB PERSONNEL RECEIVING FORMAL LAB TRAINING	110	110	+ 0	0	110	110	+ 0	0	110	110	+ 0	0

PROGRAM TITLE: STATE LABORATORY SERVICES

PART I - EXPENDITURES AND POSITIONS

In FY 24, the vacancy rate for positions remains high at 20%, similar to the 21% rate seen in FY 23. During FY 24, many staff members applied for and received promotions to higher-level positions. Also, long-time employees continue to retire, although at a slower rate than in previous years. This has led to the hiring of many new employees to fill the gaps left by retirees and promotions. The recruitment process is still slow, and there are fewer qualified candidates available because the private sector and our counterparts on the mainland offer more competitive salaries.

In FY 24, there is a 10% difference in expenditures mainly due to delays in the contract process. Additionally, there is a 19% difference in positions for the first quarter of FY 24 which is due to the slow recruitment processes, as well as a lack of available qualified candidates. These issues contribute to the ongoing staffing challenges faced by the State Laboratory Division (SLD).

PART II - MEASURES OF EFFECTIVENESS

No significant variance.

PART III - PROGRAM TARGET GROUPS

Item 3. For FY 24, the 14% variance is due to the increase of traveler medical laboratory technologists and technicians in the State.

Item 4. FY 24's 15% and FY 25's 14% variance are due to higher-than-anticipated license applications.

Item 5. The -99% variance in number of labs performing clinical diagnostic testing is due to a correction. The SLD is only responsible for laboratories that fall under the SLD Administrator's Clinical Laboratory Improvement Amendments license. All the other clinical laboratories fall under the Office of Health Care Assurance (OHCA) who distribute the licenses to the other clinical labs.

Item 8. The -67% variance in FY 24 and FY 25 is due to the closure of

two medical marijuana testing laboratories.

PART IV - PROGRAM ACTIVITIES

Item 1. The 24% variance is due to the Water Systems conducting catch-up sampling and testing for the WIN Lead project. WIN Lead is a federally funded project and involves testing drinking water at public elementary schools. The variance in FY 25 of 25% is due to increased lead and copper testing due to a new Environmental Protection Agency rule.

Item 2. The 39% variance for FY 25 is due to the Clean Water Branch's plans to increase sampling.

Item 5. The -63% variance in Food and Drugs (FD) is due to restarting SLD's FD testing in the lab. Testing stopped due to a key employee's retirement and the need to reestablish the FD Branch. The -21% variance in FY 25 can be attributed to the ongoing development of the SLDs Food Section's testing capabilities. While the section is actively expanding its operations, it has not yet fully established all necessary testing methods.

Item 6. The 100% variance in Air Pollution is due to SLD's Environmental Health Analytical Services Branch no longer performing Air Monitoring. Duties have been reassigned to the Clean Air Branch.

PROGRAM TITLE: HEALTH CARE ASSURANCE

12/3/24

PROGRAM-ID: HTH-720

PROGRAM STRUCTURE NO: 050403

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25						
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%			
PART I: EXPENDITURES & POSITIONS															
RESEARCH & DEVELOPMENT COSTS															
POSITIONS															
EXPENDITURES (\$1,000's)															
OPERATING COSTS															
POSITIONS	47.00	0.00	-	47.00	100	47.00	0.00	-	47.00	100	47.00	0.00	-	47.00	100
EXPENDITURES (\$1000's)	9,901	0	-	9,901	100	0	0	+	0	0	10,793	0	-	10,793	100
TOTAL COSTS															
POSITIONS	47.00	0.00	-	47.00	100	47.00	0.00	-	47.00	100	47.00	0.00	-	47.00	100
EXPENDITURES (\$1000's)	9,901	0	-	9,901	100	0	0	+	0	0	10,793	0	-	10,793	100
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % FACILITIES MTG MINIMUM LICENSURE/CERTIFICATN REQ	100	100	+	0	0	100	100	+	0	0	100	100	+	0	0
2. % OF UNLICENSED SETTINGS BROUGHT INTO COMPLIANCE	100	100	+	0	0	100	100	+	0	0	100	100	+	0	0
3. % COMPLAINTS INVESTGTD & CORRECTV ACTION COMPLETED	100	100	+	0	0	100	100	+	0	0	100	100	+	0	0
PART III: PROGRAM TARGET GROUP															
1. HOSPITALS AND CRITICAL ACCESS HOSPITALS	29	29	+	0	0	29	29	+	0	0	29	29	+	0	0
2. SKILL NURS(SNF), INTERM CARE FAC (ICF) AND ICF-ID	45	60	+	15	33	45	60	+	15	33	45	60	+	15	33
3. ADULT RESIDENTIAL/FOSTER/COMMUNITY HOMES/DAY CARE	715	1739	+	1024	143	715	1750	+	1035	145	715	1750	+	1035	145
4. ESRD AND HOSPICE FACILITIES AND AGENCIES	48	54	+	6	13	48	54	+	6	13	48	54	+	6	13
5. SPCL TREATMENT FACILITIES/THERAPEUTIC LIVING PROGS	38	41	+	3	8	38	42	+	4	11	38	42	+	4	11
6. CASE MGMT AGENCIES AND DIETICIANS	215	339	+	124	58	215	340	+	125	58	215	340	+	125	58
7. CLINICAL LABORATORIES	990	930	-	60	6	990	926	-	64	6	990	926	-	64	6
8. HOME HLTH AGENCIES/HOME CARE AGENCIES	165	175	+	10	6	165	175	+	10	6	165	175	+	10	6
9. AMBULATORY SURGICAL CENTERS	23	27	+	4	17	23	38	+	15	65	23	38	+	15	65
PART IV: PROGRAM ACTIVITY															
1. NUMBER OF STATE LICENSING SURVEYS	3800	3897	+	97	3	3800	3900	+	100	3	3800	3900	+	100	3
2. NUMBER OF MEDICARE CERTIFICATION SURVEYS	105	156	+	51	49	105	203	+	98	93	105	203	+	98	93
3. NUMBER OF STATE COMPLAINT INVESTIGATIONS	125	137	+	12	10	125	130	+	5	4	125	130	+	5	4
4. NUMBER OF FEDERAL COMPLAINT INVESTIGATIONS	75	89	+	14	19	75	101	+	26	35	75	101	+	26	35
5. NUMBER OF INVESTIGATIONS OF UNLICENSED ACTIVITIES	25	26	+	1	4	25	27	+	2	8	25	27	+	2	8

PROGRAM TITLE: HEALTH CARE ASSURANCE

PART I - EXPENDITURES AND POSITIONS

In FY 24, the Office of Health Care Assurance (OHCA) was unable or did not fill 15.00 full-time equivalent (FTE) vacant positions of an authorized 49.00 FTE positions, which amounted to 31% variance. Three of these positions are to be impacted by a program reorganization which should be completed in FY 25 and therefore, purposely not filled. Six of the vacant positions have been filled during July through October 2024, with one additional position being filled in November 2024. There are the two positions that are actively being variance/re-described, which should allow for a larger pool of candidates and easier recruitment, and the remaining final three positions are being actively recruited for and a request for an active list has been made to the Department of Human Resources Office. The need for the three positions to be established will assist in the efficiency of reporting and completing the Medicare/Medicaid Centers for Medicare and Medicaid Services (CMS) process, along with executing the surveys and meeting the Tier 1 goals.

In FY 24, the unspent amount of 32% or \$3.205 million can be attributed to the final quarter and beyond expenditure for federal funds, that include payroll, fringe and indirect costs for the Medicare Title 18 and Title 19 grants. The additional \$1.5 million could be accounted for from July to October 2024. The special funds will have the additional \$790k spent in FY 25 once the Customer Relationship Management (CRM) Request for Proposal (RFP) is executed, which then accounts for the remaining 9%. OHCA will work to ensure that the increase in staff and folks gaining tenure in their positions will improve efficiencies in all areas, as is noted by the vacancy of only two positions by year end 2025.

PART II - MEASURES OF EFFECTIVENESS

No significant variance.

PART III - PROGRAM TARGET GROUPS

Item 2. The previous FY's planned count failed to include the number of intermediate facilities. The correct number should be 60 for nursing homes (skilled and intermediate).

Item 3. This number includes all the adult residential, foster/community homes and adult day care facilities which should total 1710 and not 715 for the budget FY24 number. Those facilities have increased over this year, to potentially increase to 1,750 for FY25. That change from 715 to 1710 accounts for the 143% and is inclusive of all these types of facilities.

Item 4. During FY 2024 there is an increase in the number of licensed ESRD and Hospice providers, which has been noted as the new goal for FY25.

Item 6. There is a large, unexplained, influx of dietitian applications in the fiscal year that was unpredicted. The case management agencies count has remained steady.

Item 8. The previous FY's planned count failed to include all of the home care agencies and home health agencies. The correct number should be 175.

Item 9. There was an increase in the number of licensed Ambulatory Surgical Center providers in FY 2024 and it is anticipated there will continue to be an increase in FY 2025, which has also been noted as the new program number.

PART IV - PROGRAM ACTIVITIES

Item 2. In FY 2024, the focus on Tier 1 surveys was a priority to meet the federal CMS guidelines. Additional program target groups moved into the Tier 1 category due to those surveys being carried over from the previous FY. Adding those additional facilities increased the number of Medicare Certification surveys by 30%. Also included are the additional CLIA surveys, of which 20 were conducted biennially based on their certificate issue date.

Item 3. It is difficult to predict how many state complaint investigations OHCA will need to conduct each year. The 10% increase in FY 24 may be partially due to increased awareness of the complaint process.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	245.00	124.00	- 121.00	49	246.00	125.00	- 121.00	49	246.00	131.00	- 115.00	47
EXPENDITURES (\$1000's)	36,091	28,801	- 7,290	20	3,478	1,181	- 2,297	66	46,713	41,453	- 5,260	11
TOTAL COSTS												
POSITIONS	245.00	124.00	- 121.00	49	246.00	125.00	- 121.00	49	246.00	131.00	- 115.00	47
EXPENDITURES (\$1000's)	36,091	28,801	- 7,290	20	3,478	1,181	- 2,297	66	46,713	41,453	- 5,260	11
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % CERTIF OF NEED APPLIC DOCUMNTNG RELATION TO HSFP	95	100	+ 5	5	95	100	+ 5	5				
2. % ACTIV COMPLTD W/IN ESTAB TMEFRM HI STATE DD PLAN	95	52	- 43	45	95	50	- 45	47				

PROGRAM TITLE: OVERALL PROGRAM SUPPORT

05 05

PART I - EXPENDITURES AND POSITIONS

Details of the expenditure variance are best examined at the lowest program level.

PART II - MEASURES OF EFFECTIVENESS

See the lowest level programs for explanation of variances.

VARIANCE REPORT

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	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	5.00	- 1.00	17	6.00	6.00	+ 0.00	0
EXPENDITURES (\$1000's)	680	613	- 67	10	176	129	- 47	27	594	641	+ 47	8
TOTAL COSTS												
POSITIONS	6.00	4.00	- 2.00	33	6.00	5.00	- 1.00	17	6.00	6.00	+ 0.00	0
EXPENDITURES (\$1000's)	680	613	- 67	10	176	129	- 47	27	594	641	+ 47	8

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % CERTIF OF NEED APPL DOCUMTNG RELATIN TO HSFP	95	100	+ 5	5	95	100	+ 5	5
2. % OF CON APPL APPRVD BASED ON FINDGS REL TO HSFP	95	100	+ 5	5	95	100	+ 5	5
3. % SHCC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL	25	25	+ 0	0	25	25	+ 0	0
4. % SHCC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP	35	35	+ 0	0	35	35	+ 0	0
5. % SAC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL	35	35	+ 0	0	35	35	+ 0	0
6. % SAC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP	40	40	+ 0	0	40	40	+ 0	0
7. % OF PREVIOUS YEAR'S CON APPROVALS MONITORED	100	100	+ 0	0	100	100	+ 0	0
8. % HTH CARE FAC SUBM SEMI-ANN REPTS W/IN SPCFD TIME	95	95	+ 0	0	95	95	+ 0	0
9. % USRS RATG SEMI-ANN REPTS AS HELPFUL/VERY HELPFUL	90	90	+ 0	0	90	90	+ 0	0
10. NUMBER OF SPECIAL REPORTS PUBLISHED	1	1	+ 0	0	1	1	+ 0	0

PART III: PROGRAM TARGET GROUP								
1. ALL THE PEOPLE OF THE STATE OF HAWAII	1460	1460	+ 0	0	1460	1460	+ 0	0
2. VOLUNTEERS INVOLVED IN SHCC/SUB-AREA COUNCILS	140	140	+ 0	0	140	140	+ 0	0
3. PUBLIC AND PRIVATE HEALTH CARE SERVICE PROVIDERS	85	85	+ 0	0	85	85	+ 0	0
4. HEALTH CARE RESEARCHERS, DEVELOPERS AND ANALYSTS	35	35	+ 0	0	35	35	+ 0	0
5. HEALTH CARE FOCUSED ASSOCIATIONS	12	12	+ 0	0	12	12	+ 0	0

PART IV: PROGRAM ACTIVITY								
1. PLNNG, RESEARCH & REVIEW ACTIV (PROF PERSON DAYS)	790	790	+ 0	0	790	790	+ 0	0
2. DATA MANAGEMENT ACTIVITIES (PROF PERSON DAYS)	212	212	+ 0	0	212	212	+ 0	0
3. HSHCC & SAC SUPPORT & TRAINING (PROF PERSON DAYS)	225	225	+ 0	0	225	225	+ 0	0

PROGRAM TITLE: STATE HEALTH PLNG & DVLPMNT AGENCY

PART I - EXPENDITURES AND POSITIONS

The variances in positions and expenditures in FY 24 are due to two vacant positions, the Secretary III and a Comprehensive Health Planning Coordinator.

The variance for positions in the first quarter of FY 25 is due to the unfilled position of Secretary III; the Comprehensive Health Planning Coordinator was filled early in the first quarter.

The variance for expenditures in the first quarter of FY 25 is due to the vacancy of Secretary III and Special Fund Savings anticipated for upcoming office renovations.

PART II - MEASURES OF EFFECTIVENESS

No significant variance.

PART III - PROGRAM TARGET GROUPS

No significant variance.

PART IV - PROGRAM ACTIVITIES

No significant variance.

PROGRAM TITLE:

HEALTH STATUS MONITORING

12/3/24

PROGRAM-ID:

HTH-760

PROGRAM STRUCTURE NO:

050502

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	43.50	40.50	- 3.00	7	43.50	40.50	- 3.00	7	43.50	43.50	+ 0.00	0
EXPENDITURES (\$1000's)	3,185	1,554	- 1,631	51	866	438	- 428	49	2,831	1,828	- 1,003	35
TOTAL COSTS												
POSITIONS	43.50	40.50	- 3.00	7	43.50	40.50	- 3.00	7	43.50	43.50	+ 0.00	0
EXPENDITURES (\$1000's)	3,185	1,554	- 1,631	51	866	438	- 428	49	2,831	1,828	- 1,003	35
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % VITAL RECORDS ISSUED WITHIN 10 DAYS FROM REQUEST	75	32.4	- 42.6	57	75	65	- 10	13				
2. % TARGETED RESEARCH OR STATISTICS REPORTS DISSEM	80	90	+ 10	13	80	95	+ 15	19				
3. MORTALITY RATE (PER THOUSAND)	8	630	+ 622	7775	8	630	+ 622	7775				
4. AVERAGE LIFE SPAN OF RESIDENTS	81	81	+ 0	0	81	81	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. DEPARTMENT OF HEALTH PROGRAMS	85	85	+ 0	0	85	85	+ 0	0				
2. HAWAIIANS AND OTHER ETHNIC GROUPS	1480000	1460000	- 20000	1	1500000	1460000	- 40000	3				
3. VITAL EVENT REGISTRANTS	73500	78736	+ 5236	7	74000	78736	+ 4736	6				
4. ADULT POPULATION 18 AND OVER	1108000	1145270	+ 37270	3	1109000	1145270	+ 36270	3				
PART IV: PROGRAM ACTIVITY												
1. # OF MAJOR HEALTH STATISTICS REQUESTS FULFILLED	85	84	- 1	1	90	95	+ 5	6				
2. # OF VITAL EVENTS REGISTERED	53500	53525	+ 25	0	54000	53525	- 475	1				
3. # OF VITAL RECORD CERTIFICATES ISSUED	301000	152716	- 148284	49	301000	152716	- 148284	49				
4. # NEW DATA SETS / STAT ITEMS DISSEM ELECTRONICALLY	8	22	+ 14	175	8	22	+ 14	175				

PROGRAM TITLE: HEALTH STATUS MONITORING

PART I - EXPENDITURES AND POSITIONS

Program had six vacancies in FY 24, four of which were filled, leaving the remaining two full-time equivalents (FTE) unfilled. The variance in cost budgeted versus actual is due to the vacant positions that were unfilled.

Variance in first quarter of FY 25 is due to program previously being appropriated six FTEs and six part-time equivalents (PTE), which were addressed on documentation for a reorganization, but the advancement of the reorganization was stalled due to some positions being retired in the Administrative Service's Office. Program is currently awaiting approval of the reorganization before it can begin to fill the two FTE's that were unfilled, and the additional six FTE and six PTE vacancies.

PART II - MEASURES OF EFFECTIVENESS

Items 1-3. The anticipated (planned) number of Hawaiians and other ethnic groups was 20,000 more than actual numbers. There were more than 5,000 actual vital event registrants than planned for FY 2024, and there were 37,000 more actual adults than anticipated (planned).

Although not a usual measure of effectiveness, it is worth noting that even with the unexpected fires on Maui, HTH 760 was able to process nearly 7,600 certificates at no charge to the community.

PART III - PROGRAM TARGET GROUPS

No significant variance.

Program will be maintaining planned targets for FY 25. The planned targets are based on population growth. The total number of adult populations in Hawaii in FY 24 was 1,145,270. Based on estimates, the program will service close to 55% and increase slightly higher by about another 3% for FY 26.

PART IV - PROGRAM ACTIVITIES

Item 3 and 4. The program has begun working with the Department of

Hawaiian Homelands (DHHL) to better service genealogical requests. Service to the DHHL constituency has been long due to the intensity of the search and the lack of qualified staff. Program has been training staff from DHHL to assist in completing genealogical requests at the Department of Health. In FY 23, the legislature approved an Archivist III, which is part of the reorganization, to be established by January 2025.

Additionally, the program is continuing to upgrade its database to ensure protection from breaches. Strict protocols have been set up to maintain the integrity of the system.

Research into digitization of records that are not currently electronically housed in the program database is underway. As many as 3.8 million records will need to be scanned, digitized, and indexed as part of the business continuity plan for the program.

Additional research is being conducted into the modernization of HTH 760's electronic vital records in an effort to streamline and upgrade the system as part of the business continuity plan for the program.

PROGRAM TITLE:

DEVELOPMENTAL DISABILITIES COUNCIL

12/3/24

PROGRAM-ID:

HTH-905

PROGRAM STRUCTURE NO:

050503

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25						
	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)	786	906	+	120	15	208	242	+	34	16	583	789	+	206	35
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)	786	906	+	120	15	208	242	+	34	16	583	789	+	206	35
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25										
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%							
PART II: MEASURES OF EFFECTIVENESS															
1. % ACTIV COMPLTD W/IN ESTAB TMEFRM HI STATE DD PLAN	95	52	-	43	45	95	50	-	45	47					
2. % CONSUMER SATISFACTION SURVEYS W/SATISFACTION	90	132	+	42	47	90	150	+	60	67					
PART III: PROGRAM TARGET GROUP															
1. ESTIMATE OF PREVALENCE OF INDIVIDUALS W/DEV. DIS.	22619	22388	-	231	1	22619	22388	-	231	1					
2. FAMILIES OF INDIVIDUALS WITH DEV. DISABILITIES	22619	22388	-	231	1	22619	22388	-	231	1					
3. DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS	70	62	-	8	11	70	62	-	8	11					
PART IV: PROGRAM ACTIVITY															
1. # PUB. AWARENESS/ED/TRNG ACT COORD/CONDTD/CO-SPNRD	25	25	+	0	0	25	25	+	0	0					
2. # INDIVIDUALS W/DD & FAMILY MEMBERS PARTICIPATING	2000	2050	+	50	3	2000	2000	+	0	0					
3. # OF SYSTEMS CHANGE ACTIVITIES	10	12	+	2	20	10	10	+	0	0					
4. # LEG MEASURES MONITORED, TRACKED, &PRVD TESTIMONY	20	36	+	16	80	20	35	+	15	75					
5. # COUNTY, FED, STATE POLICIES PROVD COMMENT/RMMNS	5	6	+	1	20	5	6	+	1	20					
6. # OF CMMNTY ADVISORY GRPS, COALITIONS, ETC PARTICD	100	107	+	7	7	100	100	+	0	0					
7. # INDIVIDUALS W/DD PRTCNG IN SELF-ADVCY ACTIVITIES	1000	675	-	325	33	1000	700	-	300	30					

PROGRAM TITLE: DEVELOPMENTAL DISABILITIES COUNCIL

PART I - EXPENDITURES AND POSITIONS

Expenditure variance is significantly higher, because we had additional funds due to carryover federal monies from the last federal fiscal year that we used. The variance is due to the 64% of the State incumbents for our staff's federal fringe benefits. The additional fringe brings us above the allotment we receive from our Federal Grant. Next year we will need to ask the state for additional funds to cover the fringe benefits.

The position variance is due to a vacancy for one of our positions - the Program Specialist IV on Maui. It is being filled with 89-day hires. We are awaiting a recruitment listing from the Department of Human Resources Development. Unfortunately, they have been informing us that the applicants do not qualify. Projected to be filled by July 1, 2025.

PART II - MEASURES OF EFFECTIVENESS

Item 1. The variance is due to us being able to collaborate with more private provider agencies to help us with the implementation of our state plan.

Item 2. The variance is due to a greater number of individuals being educated on our State plan and being satisfied with it.

PART III - PROGRAM TARGET GROUPS

Items 1-3. We are now using Olelo to broadcast all our Council meetings, and we have been putting more notices in the newspaper. Our outreach has been much better. The service providers in Maui County have not been as responsive. We are now making more face-to-face trips to Molokai, Lanai, and Maui Island to meet with the providers.

PART IV - PROGRAM ACTIVITIES

Item 2. The variance is due to our attempts to do more in-person activities and not as many Zoom meetings. We are now doing more hybrid meetings to reach a greater number of people as well as broadcasting over Olelo.

Item 3. We were more involved in emergency plans to ensure our vulnerable population was included.

Item 4. The Maui wildfires brought up additional legislation that we were involved in to ensure our most vulnerable populations were included.

Item 5. We were more involved in State and county emergency plans to ensure our vulnerable population was included.

Item 6. We were on more committees to bring Developmental Disabilities to the table and trying to stop the creation of groups just for disabilities. They should be included in all planning.

Item 7. The variance is due to us stopping the adding of duplicative numbers. In the past, we counted the advocates who participated in each activity. If an advocate participated in two activities, we counted them twice. We have changed that and only count an advocate once regardless of how many activities they participated in.

PROGRAM TITLE: GENERAL ADMINISTRATION

PROGRAM-ID: HTH-907

PROGRAM STRUCTURE NO: 050504

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	182.00	68.00	- 114.00	63	183.00	68.00	- 115.00	63	183.00	68.00	- 115.00	63
EXPENDITURES (\$1000's)	30,741	25,060	- 5,681	18	2,108	258	- 1,850	88	41,911	37,401	- 4,510	11
TOTAL COSTS												
POSITIONS	182.00	68.00	- 114.00	63	183.00	68.00	- 115.00	63	183.00	68.00	- 115.00	63
EXPENDITURES (\$1000's)	30,741	25,060	- 5,681	18	2,108	258	- 1,850	88	41,911	37,401	- 4,510	11
	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
PART II: MEASURES OF EFFECTIVENESS												
1. % ADMIN COSTS IN RELATION TO TOTAL DEPT COST	1	1	+ 0	0	10	1	- 9	90				
2. # ADMIN BILLS ENACTED	10	11	+ 1	10	10	25	+ 15	150				
3. % OF KEY COMM STAKHLDRS ENGAGE IN PHP OR ER ACT	75	75	+ 0	0	75	75	+ 0	0				
PART III: PROGRAM TARGET GROUP												
1. STATEWIDE POPULATION (THOUSANDS)	1442	1442	+ 0	0	1442	NO DATA	- 1442	100				
2. # OF PROGRAMS & ATTACHED AGENCIES	24	25	+ 1	4	24	NO DATA	- 24	100				
3. # AUTHORIZED POSITIONS (PERM & TEMP)	3195	3195	+ 0	0	3195	NO DATA	- 3195	100				
4. # OF KEY COMMUN STAKEHLDRS FOR PHP AND EMERG RESPO	65	65	+ 0	0	65	NO DATA	- 65	100				
PART IV: PROGRAM ACTIVITY												
1. # LEG PROPOSALS TRACKED FOR INFO OR TESTIMONY	1200	300	- 900	75	1200	300	- 900	75				
2. # ADMIN BILLS INTRODUCED TO BOTH HOUSE & SENATE	15	64	+ 49	327	15	92	+ 77	513				
3. # KEY COMMUN STAKHLDRS ENGAG 1+ PHP OR ER ACTIVI	52	52	+ 0	0	52	52	+ 0	0				

PROGRAM TITLE: GENERAL ADMINISTRATION

PART I - EXPENDITURES AND POSITIONS

At the end of the FY 24, there were 119 vacant positions in the program due to delays in filling the positions. The expenditure variance at the end of the fourth quarter is due to vacancies.

At the end of the first quarter of FY 25, there were 119 vacant positions in HTH 907 due to delays in filling the positions. The expenditure variance for the first quarter is due to vacancy savings and delays in the Budget Execution Policy, causing expenditures and encumbrances to move to the second quarter.

PART II - MEASURES OF EFFECTIVENESS

Item 2. Percentage of administrative bills enacted was more than planned to address issues and pressing requirements to ensure department objectives are fulfilled.

PART III - PROGRAM TARGET GROUPS

Items 1-4. No significant variance in FY 24, but no data was inputted in the estimates for FY 25 for these program target groups.

PART IV - PROGRAM ACTIVITIES

Items 1-2. Significant variance in FY 24 for number of legislative proposals tracked for information or testimony and number of administrative bills introduced to both House and Senate.

	FISCAL YEAR 2023-24				THREE MONTHS ENDED 09-30-24				NINE MONTHS ENDING 06-30-25			
	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	5.00	- 1.00	17	6.00	5.00	- 1.00	17	6.00	6.00	+ 0.00	0
EXPENDITURES (\$1000's)	699	668	- 31	4	120	114	- 6	5	794	794	+ 0	0
TOTAL COSTS												
POSITIONS	6.00	5.00	- 1.00	17	6.00	5.00	- 1.00	17	6.00	6.00	+ 0.00	0
EXPENDITURES (\$1000's)	699	668	- 31	4	120	114	- 6	5	794	794	+ 0	0

	FISCAL YEAR 2023-24				FISCAL YEAR 2024-25			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % STATE AGENCIES SUBMITG REVISED LANG ACCESS PLANS	75	80	+ 5	7	75	90	+ 15	20
2. % OF STATE AGENCIES MONITORED FOR COMPLIANCE	50	60	+ 10	20	50	95	+ 45	90
3. % OF SUBMITTED LANGUAGE ACCESS PLANS	90	100	+ 10	11	90	95	+ 5	6
4. % OF INCOMING TECHNICAL ASSISTANCE REQUESTS	90	100	+ 10	11	90	95	+ 5	6
5. % OF LANGUAGE ACCESS COMPLAINTS RESOLVED	90	100	+ 10	11	90	95	+ 5	6
6. % OF NEW RECRUITED INTERPRETERS COMPLETE TRAINING	85	97	+ 12	14	85	95	+ 10	12
PART III: PROGRAM TARGET GROUP								
1. STATE AGENCIES + STATE-FUNDED ENTITIES	40	43	+ 3	8	40	40	+ 0	0
2. LIMITED ENGLISH PROFICIENCY PERSONS & COMMUNITIES	1500	3525	+ 2025	135	1500	1500	+ 0	0
3. INTERPRETERS AND TRANSLATORS	200	198	- 2	1	200	200	+ 0	0
PART IV: PROGRAM ACTIVITY								
1. # OF SITE VISITS CONDUCTED FOR COMPLIANCE	150	252	+ 102	68	150	300	+ 150	100
2. # OF TECHNICAL ASSISTANCE REQUESTS RECEIVED	40	42	+ 2	5	40	40	+ 0	0
3. # OF INTERAGENCY/COMMUNITY MEETINGS CONDUCTED	24	22	- 2	8	24	24	+ 0	0
4. # PUBLIC COMPLAINTS OF LANGUAGE ACCESS VIOLATIONS	5	3	- 2	40	5	5	+ 0	0
5. # OF OUTREACH, EDUCATION AND TRAINING CONDUCTED	36	38	+ 2	6	36	36	+ 0	0
6. # OF MULTILINGUAL MATERIALS DISTRIBUTED	1000	1019	+ 19	2	1000	1000	+ 0	0

PROGRAM TITLE: OFFICE OF LANGUAGE ACCESS

PART I - EXPENDITURES AND POSITIONS

No significant expenditure variance.

The position variances in the number of positions for FY 24 and the first three months of FY 25 were primarily due to the promotional transfer of former staff in the third quarter of FY 24 to fill a vacant position, as well as the relatively small number of full-time equivalent positions, which caused one vacancy to result in a high percentage variance. The position is currently under recruitment.

PART II - MEASURES OF EFFECTIVENESS

Items 2, 3, 4, 5, and 6. With the addition of a full-time staff member in the monitoring and compliance section, the Office of Language Access (OLA) has been able to perform, address, and respond to matters related to the program's services and activities in a more timely and effective manner. To reflect the actual numbers in FY 24, the estimate for FY 25 has been adjusted accordingly.

PART III - PROGRAM TARGET GROUPS

Item 2. Due to the impact of the Maui wildfires in August 2023, OLA expanded its efforts and dedicated more assistance to Limited English Proficiency (LEP) survivors and individuals affected by the disaster. This resulted in a higher number of LEP individuals being reached than the originally planned target.

PART IV - PROGRAM ACTIVITIES

Items 1. With the addition of a full-time staff member in the monitoring and compliance section, OLA has been able to coordinate and conduct more site visits. To reflect the actual numbers from FY 24, the estimate for FY 25 has been adjusted accordingly.

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