



## HEALTH

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	5,516.12	5,516.32	+ 0.20	0	5,637.22	5,505.57	- 131.65	2	5,637.22	5,948.70	+ 311.48	6
EXPENDITURES (\$1000's)	1,770,540	1,769,312	- 1,228	0	470,920	473,129	+ 2,209	0	1,352,098	1,439,332	+ 87,234	6
TOTAL COSTS												
POSITIONS	5,516.12	5,516.32	+ 0.20	0	5,637.22	5,505.57	- 131.65	2	5,637.22	5,948.70	+ 311.48	6
EXPENDITURES (\$1000's)	1,770,540	1,769,312	- 1,228	0	470,920	473,129	+ 2,209	0	1,352,098	1,439,332	+ 87,234	6
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. MORTALITY RATE (PER THOUSAND)					620	719	+ 99	16	620	620	+ 0	0
2. AVERAGE LIFE SPAN OF RESIDENTS					81	80	- 1	1	81	80	- 1	1

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

**PROGRAM TITLE: HEALTH**

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**05**

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

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

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

Item 1. The variance is due to the Measure of Effectiveness (MOE) being incorrectly inputted.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	626.37	497.87	- 128.50	21	636.37	528.37	- 108.00	17	636.37	570.50	- 65.87	10
EXPENDITURES (\$1000's)	358,697	325,186	- 33,511	9	114,073	124,239	+ 10,166	9	231,333	216,490	- 14,843	6
TOTAL COSTS												
POSITIONS	626.37	497.87	- 128.50	21	636.37	528.37	- 108.00	17	636.37	570.50	- 65.87	10
EXPENDITURES (\$1000's)	358,697	325,186	- 33,511	9	114,073	124,239	+ 10,166	9	231,333	216,490	- 14,843	6

	FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. ACTIVE TB CASES - PROPORTN COMPL RECOM THERAPY (%)	90	86	- 4	4	92	85	- 7	8
2. % CHILDREN AGE 5 YEARS MEETING IMMUNIZATION REQ	90	92.5	+ 2.5	3	90	90	+ 0	0
3. % OF PERSONS WITH DD/ID RECEIVING DD SERVICES	13	17.5	+ 4.5	35	13	17.5	+ 4.5	35
4. % OF PERSONS IN HSH RECEIVING DENTAL TREATMENTS	95	90	- 5	5	95	90	- 5	5

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

**PROGRAM TITLE: HEALTH RESOURCES**

**05 01**

### **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.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	293.87	256.87	- 37.00	13	298.87	260.87	- 38.00	13	298.87	290.00	- 8.87	3
EXPENDITURES (\$1000's)	104,063	91,424	- 12,639	12	22,001	24,270	+ 2,269	10	57,745	65,189	+ 7,444	13
TOTAL COSTS												
POSITIONS	293.87	256.87	- 37.00	13	298.87	260.87	- 38.00	13	298.87	290.00	- 8.87	3
EXPENDITURES (\$1000's)	104,063	91,424	- 12,639	12	22,001	24,270	+ 2,269	10	57,745	65,189	+ 7,444	13

					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS					6.9	NO DATA	- 6.9	100	6.7	NO DATA	- 6.7	100
2. % ACTIVE TB CASES COMPLETG RECOMMENDED THERAPY					90	86	- 4	4	92	85	- 7	8
3. % OUTPATIENTS W/NEW COMPLICATIONS FR HANSEN'S DIS					.4	0.8	+ 0.4	100	.4	0.4	+ 0	0
4. % CHILDREN AGE 5 YEARS MEETING IMMUNIZATION REQ					90	92.5	+ 2.5	3	90	90	+ 0	0
5. % DIAGNOSED HIV PEOPLE WHO ARE VIRALLY SUPRESSED					4.9	82.3	+ 77.4	1580	85	85	+ 0	0

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

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

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**05 01 01**

### **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 &amp; PUBLIC HEALTH NURSING

12/2/25

PROGRAM-ID:

HTH-100

PROGRAM STRUCTURE NO:

05010101

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	248.87	219.87	- 29.00	12	250.87	220.87	- 30.00	12	250.87	250.00	- 0.87	0
<b>EXPENDITURES (\$1000's)</b>	51,825	44,712	- 7,113	14	14,009	9,713	- 4,296	31	33,769	47,778	+ 14,009	41
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	248.87	219.87	- 29.00	12	250.87	220.87	- 30.00	12	250.87	250.00	- 0.87	0
<b>EXPENDITURES (\$1000's)</b>	51,825	44,712	- 7,113	14	14,009	9,713	- 4,296	31	33,769	47,778	+ 14,009	41
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. % ACTIVE TB CASES COMPLETING RECOMMENDED THERAPY					90	86	- 4	4	92	85	- 7	8
2. % NON-ACTIVE TB CASES COMPLETG RECOMMENDED THERAPY					88	84.6	- 3.4	4	88	50	- 38	43
3. SYPHILIS CASE RATE WOMEN 15-44 YRS OLD PER 100,000					60	64.5	+ 4.5	8	73	68	- 5	7
4. % DIAGNOSED HIV PEOPLE WHO ARE VIRALLY SUPRESSED					4.9	82.3	+ 77.4	1580	85	85	+ 0	0
5. % OUTPATIENTS W/NEW COMPLICATIONS FR HANSEN'S DIS					.4	0.8	+ 0.4	100	.4	0.4	+ 0	0
6. ANNAL KALAUPAPA REGISTRY PATIENT CARE/RESIDENT DAYS					1520	2112	+ 592	39	2200	2112	- 88	4
7. % COMPLETED NURSING CONSULTATIONS FOR DOE STUDENTS					100	100	+ 0	0	100	100	+ 0	0
8. % PHN ENROLLD ELDERS >60YR W/O FALL RE HOSPITALZNS					95	91	- 4	4	95	95	+ 0	0
<b>PART III: PROGRAM TARGET GROUP</b>												
1. RESIDENT POPULATION, STATE OF HAWAII (IN THOUS)					1430	1446	+ 16	1	1430	1400	- 30	2
2. PERSONS W/ INFECTIOUS TB & IDENTIFIED CONTACTS					740	780	+ 40	5	700	720	+ 20	3
3. CLASS B IMMIGRANTS					580	744	+ 164	28	550	952	+ 402	73
4. WOMEN 15-44 YEARS OF AGE					260000	263440	+ 3440	1	260000	260000	+ 0	0
5. CONTACTS OF HIV CASES FR DOH HIV COUNSEL/TESTG SVC					25	24	- 1	4	25	25	+ 0	0
6. PATIENTS ON THE KALAUPAPA REGISTRY					7	6	- 1	14	7	5	- 2	29
7. OUTPATIENTS W/HANSEN'S DISEASE-RELATED DISABILITIE					115	109	- 6	5	115	109	- 6	5
8. CHILDREN IN DOE SCHOOLS					168000	165340	- 2660	2	179000	165000	- 14000	8
9. PEOPLE OVER 60 YEARS OLD					400000	400172	+ 172	0	450000	450000	+ 0	0
<b>PART IV: PROGRAM ACTIVITY</b>												
1. # INDIVIDUALS RECEIVG COUNSELG/EVALUATION/SCREENG					56497	75019	+ 18522	33	55628	77792	+ 22164	40
2. # INDV RCVG EVAL FOR SUSPECTD EXPOSURE TO COMM DIS					6000	8888	+ 2888	48	6485	9737	+ 3252	50
3. # INDIVIDUALS RECEIVG TREATMENT FOR COMM DISEASES					2443	2290	- 153	6	3364	3100	- 264	8
4. # OUTPATIENT VISITS/EVAL BY PHYS/NURSES/SW/PARAMED					86582	80897	- 5685	7	82087	89201	+ 7114	9
5. # LABORATORY TESTS OBTAINED AND REVIEWED					24500	22280	- 2220	9	28035	22238	- 5797	21
6. # WOMEN 15-44 RECVG SEROLOGICAL EVALUATN SYPHYLIS					1000	1210	+ 210	21	885	1200	+ 315	36
7. # PATIENTS PROVIDED HIV-RELATD DRUG MED ASSIST					435	385	- 50	11	425	385	- 40	9
8. # STERILE SYRINGES EXCHANGED					600000	459422	- 140578	23	515000	450000	- 65000	13
9. # PHN CONTACTS COMPLETG CONSULTS FOR DOE STUDENTS					14000	25873	+ 11873	85	14000	27000	+ 13000	93
10. # OF PHN CONTACTS FOR PHN-ENROLLED ELDERS > 60 Y/O					6000	3212	- 2788	46	6000	5000	- 1000	17

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 01 01  
HTH 100

## PROGRAM TITLE: COMMUNICABLE DISEASE & PUBLIC HEALTH NURSING

### PART I - EXPENDITURES AND POSITIONS

In FY 25, the position variance 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.

In FY 26, the position variance for the first three months is primarily attributed to recruitment challenges related to existing and new vacancies. The expenditure variance results from inflated budgeted amounts in most federal grant appropriations.

### PART II - MEASURES OF EFFECTIVENESS

Item 2. No explanation provided on FY 26 variance.

Item 4. The large variance in FY 24-25 is due to a change in this metric. The prior metric was "Newly reported HIV cases per 100,000," which is always a very small number. In order to better understand the status of people with HIV in Hawaii, this metric was changed. The new metric is a percentage, and the FY 24-25 value of 82.3% is in line with estimates. The metric has been adjusted in the planned and estimated values for FY 25-26, leading to no expected variance in the future.

Item 5. This variance reflects a slightly higher % of Hansen's Disease patients with eye complications due to ongoing complications from immune reactions to the dying Hansen's Disease bacterium. While the percent change is large (100%), the rate went from 0.4% to 0.8% in a very small number of patients, inflating the variance. The program continues to minimize this variance by their work to find complications and coordinate appropriate referrals to specialists for further evaluation and treatment.

Item 6. This variance reflects the increased need for care for the aging population of people on the Kalaupapa Registry. Currently, some patients need increased services while others are exceeding their predicted life span, leading to a variance in the number of days of care

needed. This number is expected to fluctuate depending on the health status of the Kalaupapa Registry patients.

### PART III - PROGRAM TARGET GROUPS

Item 3. FY 24-25 planned for 580 Class B immigrants; however, the number of Class B immigrants for that time frame was 744. This reflects a larger influx of B immigrants to Hawaii than predicted. The anticipated B immigrants in FY 25-26 are estimated to continue to increase, therefore leading to a variance in the FY 25-26 estimates.

Item 6. One patient passed during the reporting period. With a patient census under 10, each patient death will result in a variance larger than 10%.

### PART IV - PROGRAM ACTIVITIES

Item 1. This significant variance is due to an increase in services provided from all branches in the Communicable Disease and Public Health Nursing Division. In addition, the Public Health Nursing Branch's (PHNB) Data Plan was revised and PHNB now includes the number of individuals seen face-to-face at community events, leading to a more accurate accounting of people receiving counseling, evaluation and screening. This variance will continue in FY 25-26 as service need and provision are expected to continue to increase and the adjusted data collection by PHNB will continue.

Item 2. This variance reflects an increased need for evaluation of people after exposure to diseases covered by the Chronic Disease Prevention and Health Promotion Division. The increased need was met with increased services provided. In addition, the Harm Reduction Services Branch revised some of its data collection processes to more accurately reflect its work. This increase in needs and services is anticipated to continue in FY 25-26 leading to a repeat variance.

Item 5. It is expected to decrease in FY 25-26 due to changes in the tuberculosis clearance requirements for health care providers and the

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 01 01  
HTH 100

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

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increased use of point-of care testing.

Item 6. To respond to increasing number of congenital syphilis cases, additional resources were directed to syphilis screening of reproductive age females, resulting in a larger than planned number of tests. These efforts are scheduled to continue in FY 25-26.

Item 7. Expansion of Medicare prescription drug coverage under the Inflation Reduction Act of 2022 took effect in 2025, slightly reducing the number of Medicare beneficiaries needing HIV medication assistance.

Item 8. There has been a continued decrease in the number of syringes exchanged since the number peaked in 2021. Decline is attributed to: 1) an increase in fatal overdose among people who inject drugs, which has reduced the number of individuals needing services; 2) people who inject drugs switching from injection to smoking due to fear of overdose; and 3) increased prescribing of medications for opioid use disorder (e.g., Suboxone). Notably, the number of visits to the syringes exchange program (17,417 in FY 25) have continued to increase despite decreases in number of syringes exchanged.

Item 9. This variance is due to the ongoing increase in need for medication reviews and emergency action plans for the Department of Education students. In addition, in a better reflection of PHNB's provided services, there was an increase in number of activities inputted due to a simpler user interface in data entry and improved data analysis process. This variance is expected to continue in FY 25-26.

Item 10. This variance reflects a decrease in the number of elderly encounters due to a decrease in the number of elder referrals to PHNB. It's expected that referrals will increase in FY 25-26.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	45.00	37.00	- 8.00	18	48.00	40.00	- 8.00	17	48.00	40.00	- 8.00	17
<b>EXPENDITURES (\$1000's)</b>	52,238	46,712	- 5,526	11	7,992	14,557	+ 6,565	82	23,976	17,411	- 6,565	27
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	45.00	37.00	- 8.00	18	48.00	40.00	- 8.00	17	48.00	40.00	- 8.00	17
<b>EXPENDITURES (\$1000's)</b>	52,238	46,712	- 5,526	11	7,992	14,557	+ 6,565	82	23,976	17,411	- 6,565	27

	FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>								
1. % E.COLI, HAV, ETC. INVESTIGATED 24HRS AFTR RPT	100	98	- 2	2	100	98	- 2	2
2. % RPTD FOODBORNE DIS. OUTBREAK W/ ETIOLOGY ID	100	57	- 43	43	100	57	- 43	43
3. % CHILDREN AGE 5 YEARS MEETING IMMUNIZATION REQ	90	92.5	+ 2.5	3	90	90	+ 0	0
4. % ADOLESCENTS MEETING IMMUNIZATION REQUIREMENTS	90	75.2	- 14.8	16	90	80	- 10	11
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	91	+ 6	7	90	87	- 3	3
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	30	47	+ 17	57	50	60	+ 10	20

<b>PART III: PROGRAM TARGET GROUP</b>								
1. # HAWAII RESIDENTS (1000'S)	1431	1449	+ 18	1	1431	1452	+ 21	1
2. # VISITORS TO HAWAII (1000'S)	9661	9233	- 428	4	9661	9400	- 261	3
3. # CHILDREN AGE FIVE YEARS (1000'S)	170	16	- 154	91	170	16	- 154	91
4. # OF ADOLESCENTS (1000'S)	144	163	+ 19	13	144	163	+ 19	13
5. # OF BIRTHS EXCLUDING MILITARY (100'S)	150	131	- 19	13	150	131	- 19	13
6. # CHILDREN BORN TO HEP B SURF ANTGN+ WOMEN (100'S)	1.5	0.6	- 0.9	60	1.5	1.5	+ 0	0
7. # OF LICENSED SKILLED NURSING FACILITIES	46	45	- 1	2	46	46	+ 0	0
8. # OF LICENSED HEALTHCARE FACILITIES	26	26	+ 0	0	26	26	+ 0	0
9. # OF CLINICAL LABORATORIES OPERATING IN HAWAII	30	25	- 5	17	30	25	- 5	17
10. # OF LICENSED HEALTHCARE PROVIDERS	3400	3677	+ 277	8	3400	3677	+ 277	8

<b>PART IV: PROGRAM ACTIVITY</b>								
1. # HI RESIDENTS ENTERD, MAINTAINED IN IMMUN REGISTRY	3517345	1661503	- 1855842	53	3517345	1706728	- 1810617	51
2. # SCH CHILDN SURVEYED FOR IMMUN COVERAGE (1000'S)	17	192	+ 175	1029	17	185	+ 168	988
3. # PERINATAL HEPATITIS B INFECTED INFANTS	0	0	+ 0	0	0	0	+ 0	0
4. # INFECTIOUS DISEASE CASES INVESTIGATED	10000	14652	+ 4652	47	10000	4000	- 6000	60
5. # INFECTIOUS DISEASE OUTBREAKS IDENTIFIED	50	179	+ 129	258	50	165	+ 115	230
6. # HLTHCARE ASSOCIATD INFECTN OUTBREAKS INVESTIGATD	50	103	+ 53	106	50	110	+ 60	120
7. # PROVDR/FAC RPTG SYND SURV THRU ESS/BIOS PLATFORM	21	20	- 1	5	21	21	+ 0	0
8. # INFECTIOUS +VAC PREV DIS E-LAB RPTS RCVD(1000'S)	4095.29	1822	- 2273.29	56	4095.29	1700	- 2395.29	58
9. # RPTABL DISEASE CASE RPTS GENER THRU EICR(1000'S)	90	38	- 52	58	90	60	- 30	33

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 01 02  
HTH 131

## PROGRAM TITLE: DISEASE OUTBREAK CONTROL

### PART I - EXPENDITURES AND POSITIONS

The program has made gains in filling budgeted positions over the last year, with an increase from 25/45 (56%) positions filled in FY 24 to 37/45 (82%) in FY 25, and 40/48 (83%) at the start of FY 26. The HIRE pilot has proven extremely helpful for filling budgeted vacancies. Actual expenditures were less than budgeted in FY 25 because of deferral of several large contracts due to uncertainty over the availability of federal funds after rescissions were announced. A court injunction has allowed some of those contracts to proceed after some delay. We still aim to fully expend appropriated federal dollars in FY 26.

### PART II - MEASURES OF EFFECTIVENESS

Item 2. The program changed how they define "all reported outbreaks." The new definition captures a wider array of outbreaks occurring in our community to encompass not just outbreaks detected through laboratory-reporting, but also ones reported through complaint lines or institutional settings. Because specimens are not available in every reported outbreak scenario, there are always some outbreaks for which the causative agent cannot be identified. Our new planned target accounts for the new projected baseline. Identification of the causative agent is helpful but is not always needed to take effective action.

Item 4. The percent of adolescents meeting immunization requirements has increased from 70.4% (the first quarter of FY 25) to 75.2% but still below the planned 80% coverage. There is still room to increase the adolescent coverage rate for HPV, Tdap, and Meningococcal vaccines. The slow increase of adolescent coverage rates could be attributed to impacts from COVID-19 vaccination efforts, vaccine hesitancy, and vaccine misinformation. The filling of our Hawaii Prevention Partnership program coordinator vacancy has resulted in more proactive outreach to provide education and immunization clinics in schools which can help us reach our target.

Item 9. The duplicative nature of Electronic Case Reports (eCRs), due to a new eCR creation for every Electronic Health Record update will cause

over-representation in comparison to decreases in reportable condition testing or awareness. As COVID-19 is still one of the highest volumes of testing and thus the largest singular condition that is reported via Electronic Laboratory Reporting, which represents up to 98% of all reporting, repeated provider and patient follow-ups will inflate this number. Additionally, as eCR is still being onboarded to new healthcare providers, regardless of eCR duplication, we will see enhanced coverage becoming more in alignment with overall reporting.

### PART III - PROGRAM TARGET GROUPS

Item 3. Input error. The planned data should have been 17 instead of 170. No significant variances.

Item 4. The number of adolescents in the State has increased.

Item 5. The number of births statewide has decreased.

Item 6. The decrease in the number of children born to hepatitis B surface antigen-positive women is a great accomplishment. The numbers have shown a decrease since the last fiscal year, from 80 (true number is 76, but rounded up in spreadsheet calculations) to 60 (true number is 57, but rounded up in spreadsheet calculations) children. This reflects progress towards the program's goal of reaching zero or near-zero hepatitis B-positive carrier women giving birth annually. The greatest risk of mother-to-child transmission is during the birthing process. Statewide education and immunization efforts help prevent hepatitis B in women before they become pregnant.

Item 9. It is expected as laboratory systems are better able to handle large volumes of COVID-19 testing and Clinical Laboratory Improvement Amendments waivers expire, we will see a small reduction in laboratory systems as applicable to reportable conditions. This metric only includes facilities at the aggregate level and does not disaggregate by facility count.

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 01 02  
HTH 131

## PROGRAM TITLE: DISEASE OUTBREAK CONTROL

### PART IV - PROGRAM ACTIVITIES

Item 1. The number of Hawaii residents entered and maintained in the immunization registry shows a drastic decrease from the planned number compared to the actual number, and also what was reported in previous years. The decreased number is due to the old immunization registry system not being able to capture information by year for residents, but instead could only do a cumulative count of vaccine doses administered. We recently acquired a new registry system that can capture annual counts of residents entered into the new registry system, called the Hawaii State Immunization System (HiSIS), and also provide a cumulative count in the system for this metric. Moving forward, the actual number will be reflective of the cumulative number of residents entered and maintained up to the fiscal year asked, ending on June 30, 2026. This number will incrementally increase by the birth cohort and incoming individuals becoming residents of Hawaii. We are working to decrement individuals who have passed or moved and are no longer active in the system, but this is a labor-intensive process currently. There is no connection to the Department of Health Vital Records system, but discussions have started to see how best to capture the birth and death data to be incorporated into the HiSIS data process.

Item 2. The number of school children in grades K-12 surveyed for immunization coverage has increased from 185,579 to 192,853. The program has been working closely with schools to increase participation in timely reporting to 100%.

Item 4. The number of infectious disease cases investigated declined from 33,000 in FY 24 to 14,632 in FY 25. The decrease was not as great as anticipated due to ongoing COVID-19 investigations and taking on new areas of investigative work, such as hepatitis C and toxoplasmosis. The decrease in the planned and estimated number of infectious disease case investigations for FY 26 reflects a significant shift in the COVID-19 surveillance strategy. As of July 1, 2025, the Disease Outbreak Control Division ended a contract to support the investigation of a targeted surveillance sample of COVID-19 cases. This change was made in alignment with the Centers for Disease Control and Prevention guidance

and evolving national public health practices, prioritizing resource allocation toward higher-impact investigations and other emerging infectious diseases. The lower FY 26 number reflects all non-COVID-19 infectious disease investigations plus COVID-19 cases specifically related to clusters in schools and healthcare facilities. These investigations continue to be handled by budgeted state positions.

Item 5. No explanation provided on variance in FY 25 and FY 26.

Item 6. The program had expected the number of healthcare-associated infection outbreaks investigated to decrease as the epidemiology of COVID-19 transitioned out of pandemic status. However, the number of healthcare-associated infection outbreaks has not declined as much as anticipated, with 216 outbreaks investigated in FY 24, 103 outbreaks investigated in FY 25, and 110 anticipated in FY 26 based on investigations performed to date this year. This is largely due to COVID-19 remaining a significant cause of outbreaks in healthcare facilities, particularly in nursing homes. Multi-drug-resistant organism outbreaks are also occurring with greater frequency, requiring extensive epidemiologic and laboratory resources for effective response.

Item 8. The program has redefined the metric for Electronic Lab Reports (ELRs) received to be centered around actionable approaches. This was previously defined as all lab reports, excluding liver enzyme testing, and asking order entry questions that were received by partnered laboratories. This fiscal cycle, the metric was updated to one of more appropriate use, defined by ELRs that meet reportable or investigative capacity. This saw a reduction overall in volume of 57.2%. Additionally, we see that COVID-19 reported testing has seen a reduction of 14%. This change creates a more valuable metric of impact within disease surveillance.

Item 9. Electronic Case Reports(eCRs) are majority authored for the COVID-19 condition alerting. As we saw a reduction in ELRs for COVID-19 reduction, anticipation is to see a similar trend within eCRs. This is additionally compounded as eCRs can be duplicative in nature for the same condition, pending any updates to the patient's electronic health

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 01 02  
HTH 131

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**PROGRAM TITLE: DISEASE OUTBREAK CONTROL**

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record. This means that any shown reduction in any conditions overall reporting will be multiplied within the eCR space. This is despite additional authorship of new conditions, which are low volume in nature and can be shown as insignificant in the general landscape.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	10.00	8.00	- 2.00	20	10.00	8.00	- 2.00	20	10.00	10.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	76,778	53,412	- 23,366	30	779	799	+ 20	3	81,056	53,235	- 27,821	34
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	10.00	8.00	- 2.00	20	10.00	8.00	- 2.00	20	10.00	10.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	76,778	53,412	- 23,366	30	779	799	+ 20	3	81,056	53,235	- 27,821	34
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. % RESPONSES MEETING RESPONSE TIME STD - OAHU					90	77	- 13	14	90	76	- 14	16
2. % RESPONSES MEETING RESPONSE TIME STD - KAUAI					90	96	+ 6	7	90	96	+ 6	7
3. % RESPONSES MEETING RESPONSE TIME STD - HAWAII					90	89	- 1	1	90	89	- 1	1
4. % RESPONSES MEETING RESPONSE TIME STD - MAUI					90	90	+ 0	0	90	89	- 1	1
5. % INCR IN COMM COAL/PARTN INITIATD & SPPT INJ PREV					0	0	+ 0	0	0	0	+ 0	0
6. % INCR IN NO. OF PERSONS TRAINED IN INJ PREVENTION					0	0	+ 0	0	0	0	+ 0	0
7. % SUICIDES & ATTEMPTD SUICIDES PER 100000 RESIDENT					105	84	- 21	20	106	79	- 27	25
<b>PART III: PROGRAM TARGET GROUP</b>												
1. GENERAL DE FACTO POPULATION (THOUSANDS)					1636	1611	- 25	2	1644	1619	- 25	2
2. # OF HIGH RISK CARDIAC CASES					5733	6452	+ 719	13	5839	6577	+ 738	13
3. # OF HIGH RISK TRAUMA CASES					4795	5294	+ 499	10	4922	5465	+ 543	11
4. # OF HIGH RISK PEDIATRIC CASES					391	351	- 40	10	382	336	- 46	12
5. # OF CARDIOPULMONARY ARREST CASES					1162	1616	+ 454	39	1175	1525	+ 350	30
6. # OF LICENSED GROUND AMBULANCE SERVICE PROVIDERS					8	10	+ 2	25	8	11	+ 3	38
7. # OF LICENSED AIR AMBULANCE SERVICE PROVIDERS					2	4	+ 2	100	2	5	+ 3	150
8. # OF YOUTHS UNDER 24 AND SENIORS 65 YRS AND OLDER					688617	708357	+ 19740	3	692435	714143	+ 21708	3
<b>PART IV: PROGRAM ACTIVITY</b>												
1. ADM/ENFORCING STATE EMS RULES & REGS (STAFF-DAYS)					260	260	+ 0	0	260	260	+ 0	0
2. ADM/MAINT EMS COMM SYSTEM (% TIME SYSTEM OPERATNL)					100	85	- 15	15	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					153317	166953	+ 13636	9	155226	167635	+ 12409	8
5. # OF PATIENTS BILLED FOR EMERGENCY AMBULANCE SVC					89113	31696	- 57417	64	89752	31696	- 58056	65
6. % OF AMBULANCE SERVICE REVENUES COLLECTED					67	69	+ 2	3	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	NO DATA	- 1800	100	1800	1800	+ 0	0
10. # COMM COAL/TSKFRC/PRTNRSHIP INIT/SUPPT IN INJ PREV					68	NO DATA	- 68	100	68	68	+ 0	0

# VARIANCE REPORT NARRATIVE

## FY 2025 AND FY 2026

05 01 03  
HTH 730

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

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

Permanent position vacancies as of June 30, 2025, are the Public Health Educator V (Position Number (PN) 41807) and the Physician Manager/Administrator (PN 37779). PN 37779 position description (PD) was being redescribed to actively recruit based on current industry best standards. The Emergency Medical Services (EMS) and Injury Prevention System (IPS) Branch (EMSIPSB) recently received the approved updated PD and will have the position posted internally and start the position process. PN 41807 is in the beginning stages of a re-organization. This PN is scheduled to be a variance.

There is no significant expenditure variance in FY 25 as EMSIPSB spent down nearly 100% of its funding. There are no significant variances in FY 26 expenditures as EMSIPSB plans to spend down the funding for operational costs as well as contracts.

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

Item 1. The target percent for Responses Meeting Response Time Standard for Oahu has decreased by 14% over the planned volume based on historical trends. Honolulu EMS is currently under strain from rising EMS call volumes and a lack of resources essential for public safety, thus causing extended call delays. Along with seeing increases in volume of the number of high-risk EMS cases to include cardiac, trauma, pediatric, CPR, and aging population across the State.

Item 7. The target percent for Suicides and Attempted Suicides per 100,000 residents has decreased by 21 (20) % over the planned volume based on historical trends.

The significant change in percentage 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 who 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, IPS is looking to expand access to this module via the EMSIPSB 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 the reduction of suicide attempts.

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

Item 2. The target group for High-Risk Cardiac Cases has increased by 719 (13%) over the planned volume based on historical trends.

Item 3. The target group for Trauma Cases has increased by 499 (10%) over the planned volume based on historical trends.

Item 4. The target group for High-Risk Pediatric Cases has decreased by 40 (10%) over the planned volume based on historical trends.

Item 5. The target group for High-Risk Cardiopulmonary Arrest Cases has increased by 454 (39%) over the planned volume based on historical trends.

Item 6. The number of Licensed Ground Ambulance Providers has increased by 2 (25%) over the planned volume based on historical trends. This is planned to be increased by one next fiscal year.

This increase happens because we no longer bundle 911 and Interfacility Transport agencies for Maui American Medical Response (AMR) and Kauai AMR.

Item 7. The number of Licensed Air Ambulance Providers has increased by 2 (100%) over the planned volume based on historical trends. This is planned to be increased by one next fiscal year.

This increase has happened because the Department of Health has made an effort to focus on improving and reducing the transport times for Air EMS transports and is in the process of establishing a central MediCom Center to coordinate emergency and trauma Air EMS

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 03  
HTH 730

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

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transports. This coordination opens the market up for more providers to be able to provide services.

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

Item 2. The target percent has decreased by 15% over the planned volume based on historical trends.

This is due to infrastructure vulnerabilities and an aging MediCom System. The system needs to be replaced to meet community health and safety. The integration between the primary public safety answering point (i.e., police 911) does not allow for full integration with secondary public safety answering points (i.e., EMS 911).

Item 5. The target number of Patients Billed for Emergency Ambulance Services has decreased by 57,417 (64%) over the planned volume based on historical trends.

The decrease in the billing is due to the fact that the City and County of Honolulu 911 Emergency Ground Ambulance billing services are no longer being handled by the State in FY 25. There is a significant decrease in billing over the planned volume of historical trends, and this should be taken into consideration for future "planned" amounts.

Item 9. No explanation provided on variance.

Item 10. No explanation provided on variance.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	238.50	168.00	- 70.50	30	240.50	194.50	- 46.00	19	240.50	202.50	- 38.00	16
<b>EXPENDITURES (\$1000's)</b>	109,249	119,134	+ 9,885	9	84,254	83,202	- 1,052	1	29,958	29,958	+ 0	0
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	238.50	168.00	- 70.50	30	240.50	194.50	- 46.00	19	240.50	202.50	- 38.00	16
<b>EXPENDITURES (\$1000's)</b>	109,249	119,134	+ 9,885	9	84,254	83,202	- 1,052	1	29,958	29,958	+ 0	0
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. % PRETERM BIRTHS					10.1	10.1	+ 0	0	10.1	10.1	+ 0	0
2. % UNINSURED INDV REC SUBSIDIZED PRIMARY CARE - POS					15.22	17.96	+ 2.74	18	15.22	17.96	+ 2.74	18
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					99.5	99.2	- 0.3	0	99.5	99.2	- 0.3	0
5. % WIC ENROLLED WI&C TO 5 YRS OLD PARTICIPATD IN PRG					97	94.7	- 2.3	2	97	97	+ 0	0
6. % WIC ENROLLED WOMEN WHO INITIATE BREASTFEEDING					90	89.7	- 0.3	0	90	90	+ 0	0
7. % CHILDN 0-3 YRS W/ DEV DELAY/HIGH RISK HEALTH CON					3.22	2.99	- 0.23	7	3.22	3	- 0.22	7
8. % CHILDN ENROLLED IN HOME VISITG PROG W/ MEDI HOME					92	96	+ 4	4	90	90	+ 0	0
PART III: PROGRAM TARGET GROUP												
1. # LIVE BIRTHS					14820	14930	+ 110	1	14820	14930	+ 110	1
2. # UNINSURED INDIVIDUALS					44333	47926	+ 3593	8	44333	47926	+ 3593	8
3. # CHILDREN WITH SPECIAL HEALTH NEEDS					40000	40000	+ 0	0	40000	40000	+ 0	0
4. # LIVE BIRTHS (SCREENED FOR METABOLIC DISORDERS)					14667	14668	+ 1	0	14667	14668	+ 1	0
5. # WIC ENROLLED WI&C UP TO 5 YRS OLD					43293	42768	- 525	1	43493	43493	+ 0	0
6. # WIC ENROLLED PREGNANT & POST-PARTUM WOMEN					12087	11752	- 335	3	12187	12187	+ 0	0
7. # CHILDN 0-3 YRS REFERD FOR EARLY INTERVENTN SVCS					3299	3527	+ 228	7	3299	3500	+ 201	6
8. # CHILDREN ENROLLED IN A HOME VISITING PROGRAM					522	503	- 19	4	522	522	+ 0	0
PART IV: PROGRAM ACTIVITY												
1. # PREG WOMEN SRVD BY WIC & PERINATAL SUP POS CONTR					2750	2842	+ 92	3	2760	2845	+ 85	3
2. # UNINSURED INDV RCVD DOH SUBSIDIZED PRIM CARE POS					6747	8609	+ 1862	28	6747	8609	+ 1862	28
3. # CSHN 0-21/FAMILY/PROVIDER GIVEN HTH INFO BY CSHN					18500	18500	+ 0	0	18500	18500	+ 0	0
4. # LIVE BIRTH RCV FU FOR METAB DISORDERS & HEMOGLOB					422	441	+ 19	5	422	441	+ 19	5
5. # WIC WI&C TO 5 YRS OLD ISSUED WIC FOOD BENEFITS					41925	40534	- 1391	3	42125	42125	+ 0	0
6. # WIC PREGNANT/POSTPARTUM RCVG BREASTFDG CONTACTS					19333	19648	+ 315	2	19433	19700	+ 267	1
7. # CHILDN 0-3 YRS ENROLLED IN EI W/DEV DELAY/HTHCON					3323	3093	- 230	7	3323	3170	- 153	5
8. # CHILDN ENROLLED IN HOME VISTG PRG W/MEDICAL HOME					505	484	- 21	4	505	505	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 04  
HTH 560

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

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

The variance in position counts for FY 25 and the first quarter of FY 26 is primarily due to ongoing challenges in filling vacancies, consistent with statewide hiring trends. The Family Health Services Division anticipates reducing vacancies by the end of FY 26 as multiple recruitments are completed; however, the vacancy rate is expected to remain above 10% due to limited applicant pools and uncompetitive State salaries.

There was a 9.0% (\$9,885,000) variance in FY 25 expenditures, primarily due to a portion of costs being recorded outside the fiscal year. This variance carried into the first quarter of FY 26, resulting in a 1.0% (\$1,052,000) variance.

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

Item 2. The percentage is based on Part IV Item 2 divided by Part III Item 2. The variance is due to an increase in uninsured individuals seeking primary care services in FY 25.

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

No significant variances.

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

Item 2. The number of uninsured individuals receiving subsidized primary care point of service was higher in FY 25 due to an increase in the number of uninsured individuals in the State.

PROGRAM TITLE:

CHRONIC DISEASE PREVNTION &amp; HEALTH PROMOTN

12/2/25

PROGRAM-ID:

HTH-590

PROGRAM STRUCTURE NO:

050105

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	54.00	41.00	- 13.00	24	57.00	41.00	- 16.00	28	57.00	44.00	- 13.00	23
EXPENDITURES (\$1000's)	63,717	50,825	- 12,892	20	6,000	5,577	- 423	7	57,681	57,717	+ 36	0
TOTAL COSTS												
POSITIONS	54.00	41.00	- 13.00	24	57.00	41.00	- 16.00	28	57.00	44.00	- 13.00	23
EXPENDITURES (\$1000's)	63,717	50,825	- 12,892	20	6,000	5,577	- 423	7	57,681	57,717	+ 36	0

	FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS								
1. % BABIES EXCLUSIVELY BREASTFED THROUGH 6 MO.	27.7	33.8	+ 6.1	22	27.9	27.9	+ 0	0
2. % YOUTH MEETING PHYSICAL ACTIVITY RECOMMENDATIONS	18.5	19.8	+ 1.3	7	18.7	18.7	+ 0	0
3. % YOUTH MEETING NUTRITION RECOMMENDATIONS	13.9	14.9	+ 1	7	14.1	14.1	+ 0	0
4. % YOUTH USING TOBACCO PRODUCTS	11.8	12.8	+ 1	8	11.7	11.7	+ 0	0
5. % ADULTS RCV'D RECOMMENDED DIABETES SCREENING	53.7	85.7	+ 32	60	54.3	54.3	+ 0	0
6. % ADULTS RCV'D RECOMMENDED COLORECTAL CANCER SCREE	68	67.3	- 0.7	1	68.6	68.6	+ 0	0
7. % WOMEN RCV'D RECOMMENDED BREAST CANCER SCREENING	79.3	78.5	- 0.8	1	80.1	80.1	+ 0	0
8. % ADULTS WHOSE HYPERTENSION IS UNDER CONTROL	61.2	61.6	+ 0.4	1	61.8	61.8	+ 0	0
9. % ADULTS WHOSE DIABETES IS UNDER CONTROL	66	66.4	+ 0.4	1	66.6	66.6	+ 0	0
10. RATE EMERGENCY DEPT VISITS FOR ASTHMA (PER 10,000)	39.8	42	+ 2.2	6	39.4	39.4	+ 0	0

PART III: PROGRAM TARGET GROUP								
1. TOTAL # HAWAII CHILDREN (0-17) RESIDENTS	289526	293349	+ 3823	1	285439	285439	+ 0	0
2. TOTAL # HAWAII ADULT (18-64+) RESIDENTS	843359	842473	- 886	0	847699	847699	+ 0	0
3. TOTAL # HAWAII ADULT (65+) RESIDENTS	313255	310324	- 2931	1	324004	324004	+ 0	0
4. TOTAL # LOW-INCOME RESIDENTS IN HAWAII	283122	280968	- 2154	1	285276	285276	+ 0	0
5. # HAWAII RESIDENTS WHO SPEAK ENGLISH < VERY WELL	142497	141300	- 1197	1	143694	143694	+ 0	0
6. # NATIVE HAWAIIAN, FILIPINO, OTHER PACIFIC ISLANDR	464959	486480	+ 21521	5	471025	471025	+ 0	0
7. # HAWAII SEXUAL OR GENDER MINORITY ADULTS	74024	80696	+ 6672	9	74989	74989	+ 0	0
8. # HAWAII YOUTH WITH OVERWEIGHT OR OBESITY	18083	19307	+ 1224	7	17648	17648	+ 0	0
9. # HAWAII ADULTS WITH OVERWEIGHT OR OBESITY	683594	697442	+ 13848	2	685517	685517	+ 0	0
10. # HAWAII ADULTS WITH 1 OR MORE CHRONIC CONDITIONS	690464	741248	+ 50784	7	692407	692407	+ 0	0

PART IV: PROGRAM ACTIVITY								
1. # YOUTH & ADULTS REACHED THRU SOCIAL-MARKETING CAM	609909	608793	- 1116	0	617007	617007	+ 0	0
2. # COALITIONS SUPPORTED	75	145	+ 70	93	75	75	+ 0	0
3. % DOE SCHOOLS MEETING WELLNESS GUIDELINES	1	81.1	+ 80.1	8010	.8	82.7	+ 81.9	10238
4. # WEBSITE VISITS TO HHDW, HHM, START LIVING HEALTH	175000	161863	- 13137	8	175000	175000	+ 0	0
5. # YOUTH & ADULTS REACHED THROUGH TOBACCO CESSATION	1000	1985	+ 985	99	1000	1000	+ 0	0
6. # TRANGS 4 COMMUNITY PARTNERS ON CHRONIC DIS PRVTN	250	258	+ 8	3	250	250	+ 0	0
7. # PARTICIPANTS REACHED THRU CHRONIC DIS. PRVTN TRN	4000	5535	+ 1535	38	4000	4000	+ 0	0
8. # HEALTH SYSTEM INITIATIVES SUPPORTED	60	69	+ 9	15	60	60	+ 0	0
9. # BUILT ENVIRONMENT INITIATIVES SUPPORTED	40	49	+ 9	23	40	40	+ 0	0
10. # HEALTHY FOOD ACCESS INITIATIVES SUPPORTED	250	278	+ 28	11	250	250	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 05  
HTH 590

## PROGRAM TITLE: CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

### PART I - EXPENDITURES AND POSITIONS

FY 25-26 Positions (24% variance): Vacancies are due to delays in receiving quality cert lists with interested and responsive candidates, especially for the Office Assistant III classification, where four out of seven positions within the Chronic Disease Prevention and Health Promotion Division remain vacant. The program relies on recruiting through 89-day hire and job fairs, and downgrading positions to recruit and train potential candidates. Applicants also face challenges when applying for civil service jobs, as these positions are often listed based on broad class descriptions. Additionally, the required number of years of experience is based on the date the application is submitted, even though applicants may have accumulated additional experience since then. In some situations, applicants had to reapply because they did not meet the years of experience requirement at the time of their initial application, but they are now qualified, further delaying the recruitment process. Four positions are filled with 89-day appointments awaiting to be on the cert lists, and three are pending establishment through reorganization.

FY 25 Expenditures (20% variance): Variance in expenditures due to personnel savings from vacant positions and reduced fringe costs for positions filled through 89-day appointments. The revenue for the Tobacco Settlement Trust Fund was \$33,809,139, and expenditures were \$33,059,139, with a ceiling of \$48,626,356. The reduced payments from the master settlement agreement result from a decline in revenue in the Tobacco industry in Hawaii. Additionally, there were delays in executing the contract for statewide public education campaigns, and outreach focused on increasing organ donation through the Hawaii Organ and Tissue Education Special Fund.

### PART II - MEASURES OF EFFECTIVENESS

Item 1. The percentage of babies exclusively breastfed through six months exceeded the planned target by 22%, reflecting strengthened community and hospital supports such as expanded telehealth services, provider trainings, and baby-friendly hospital policies.

Item 5. The percentage of adults who received a recommended diabetes screening was 59% higher than the planned target, primarily due to a revised indicator definition that expanded the eligible age range from adults aged 40 to 70 years to those aged 35 to 70 years who are overweight or obese (BMI greater than or equal to 25) and do not have diabetes. The indicator was updated to align with current national screening guidelines.

### PART III - PROGRAM TARGET GROUPS

No measures with deviation of 10% or greater from planned target.

### PART IV - PROGRAM ACTIVITIES

Item 2. The number of coalitions supported was 93% higher than the planned target. This increase was driven by additional federal funding for partnership and coalition-building initiatives, particularly those focused on health equity. Programs were able to support more coalitions addressing community health workers, healthy eating, active living, tobacco prevention and control, and cancer. The inclusion of the Office of Health Equity (OHE) in this year's report also contributed to the higher total, as it provides cross-cutting support to multiple work groups.

Item 3. Planned data input error. The amount should have been 81.9 instead of 1 for FY 25 and 82.7 instead of 0.8 for FY 26.

Item 5. The number of youth and adults reached through tobacco cessation efforts was 99% higher than the planned target. This increase reflects continued investments in marketing to both youth and adults, as well as quality improvements to cessation services informed by evaluation findings.

Item 7. The number of community partners reached through chronic disease prevention trainings was 38% higher than the target. This increase was driven by higher participation across several programs, particularly the Healthy Eating Active Living Statewide Coalition, Heart Disease and Stroke, Diabetes, and Early Childhood Education initiatives.

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 05  
HTH 590

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**PROGRAM TITLE: CHRONIC DISEASE PREVNTION & HEALTH PROMOTN**

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Additional engagement through OHE, asthma, Baby-Friendly, built environment, worksite wellness, and Breast and Cervical Cancer Control Program activities also contributed to the overall growth in participation.

Item 8. The number of health system initiatives supported was 15% higher than the planned target, driven by increased activities in the diabetes, heart disease and stroke, and Well-Integrated Screening and Evaluation for Women Across the Nation programs.

Item 9. The number of built environment initiatives supported was 23% higher than the planned target. Increased federal funding, particularly for transportation equity, enabled programs to expand initiatives promoting active living statewide. Additionally, strong partner interest across all four counties facilitated collaboration despite limited local funding.

Item 10. The number of healthy food access initiatives supported was 11% higher than the planned target, driven by growing recognition of nutrition's role in community resilience and reducing healthcare costs. Increased menu reviews and consultations reflect program growth, while many projects emphasize the need for affordable, nutritious food amid rising food insecurity and high living costs.

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26							
PART I: EXPENDITURES & POSITIONS RESEARCH & DEVELOPMENT COSTS POSITIONS EXPENDITURES (\$1,000's)  OPERATING COSTS POSITIONS EXPENDITURES (\$1000's)  TOTAL COSTS POSITIONS EXPENDITURES (\$1000's)	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ESTIMATED	± CHANGE		%		
	2.00	0.00	-	2.00	100	2.00	0.00	-	2.00	100	2.00	0.00	-	2.00	100		
	244	0	-	244	100	0	0	+	0	0	244	0	-	244	100		
	2.00	0.00	-	2.00	100	2.00	0.00	-	2.00	100	2.00	0.00	-	2.00	100		
	244	0	-	244	100	0	0	+	0	0	244	0	-	244	100		
						FISCAL YEAR 2024-25				FISCAL YEAR 2025-26							
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%		
PART II: MEASURES OF EFFECTIVENESS																	
1. % MOE HRA PROG SHOWING BENEFICIAL CHGS (PL VS ACT)						85 NO DATA		-		85	100	85 NO DATA		-		85	100
PART III: PROGRAM TARGET GROUP																	
1. PERSONNEL IN HEALTH RESOURCES ADMINISTRATION						801 NO DATA		-		801	100	801 NO DATA		-		801	100

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 06  
HTH 595

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**PROGRAM TITLE: HEALTH RESOURCES ADMINISTRATION**

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**PART I - EXPENDITURES AND POSITIONS**

FY 25 variance is due to the current salary not being updated to reflect the salary matrix.

FY 26 variance is due to the current salary being more than budgeted. The budget details have not reflected the new salary matrix and have been the same for the last four years, expecting shortfalls.

**PART II - MEASURES OF EFFECTIVENESS**

No data available.

**PART III - PROGRAM TARGET GROUPS**

No data available.

**PART IV - PROGRAM ACTIVITIES**

None.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	28.00	24.00	- 4.00	14	28.00	24.00	- 4.00	14	28.00	24.00	- 4.00	14
<b>EXPENDITURES (\$1000's)</b>	4,646	10,391	+ 5,745	124	1,039	10,391	+ 9,352	900	4,649	10,391	+ 5,742	124
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	28.00	24.00	- 4.00	14	28.00	24.00	- 4.00	14	28.00	24.00	- 4.00	14
<b>EXPENDITURES (\$1000's)</b>	4,646	10,391	+ 5,745	124	1,039	10,391	+ 9,352	900	4,649	10,391	+ 5,742	124
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. AVG TURNAROUND TIME TO ISSUE MEDICAL CANNABIS CARD					5	5	+ 0	0	3	3	+ 0	0
2. % MED CANNABIS CARDS ISSUED TO PATIENTS PRIORT DEB					3	3	+ 0	0	6	6	+ 0	0
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
<b>PART III: PROGRAM TARGET GROUP</b>												
1. ALL IN-STATE MEDICAL CANNABIS REGISTRY APPLICANTS					34500	29057	- 5443	16	30000	30000	+ 0	0
2. INDV W/ PRIORITY DEBIL MED CONDIT APPLYG TO REG					3260	1760	- 1500	46	1800	1800	+ 0	0
3. LICENSED MEDICAL CANNABIS DISPENSARIES					8	8	+ 0	0	8	8	+ 0	0
<b>PART IV: PROGRAM ACTIVITY</b>												
1. # NEW IN-STATE PATIENT APPLICATIONS PROCESSED					8400	3513	- 4887	58	4500	4500	+ 0	0
2. # OUT-OF-STATE PATIENT APPLICATIONS PROCESSED					3200	3862	+ 662	21	4500	4500	+ 0	0
3. # IN-STATE PATIENT RENEWALS PROCESSED					17250	11239	- 6011	35	16800	16800	+ 0	0
4. # CERTIFYING MEDICAL PROVIDERS REGISTERED					360	241	- 119	33	230	230	+ 0	0
5. # LAW ENFORCEMT VERIFIED VALID 329 REGISTRATN PERF					125	42	- 83	66	40	40	+ 0	0
6. # DISPENSARY FACILITY INSPECTIONS CONDUCTED					180	105	- 75	42	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	1	1	+ 0	0
9. # CRIMINAL HISTORY BACKGROUND CHECKS PERFORMED					2000	2362	+ 362	18	400	400	+ 0	0
10. # VISITS TO THE DOH MEDICAL CANNABIS WEBSITE					87000	256210	+ 169210	194	24000	200000	+ 176000	733

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 01 07  
HTH 596

## PROGRAM TITLE: OFFICE OF MEDICAL CANNABIS CNTRL & REGULATN

### PART I - EXPENDITURES AND POSITIONS

The FY 25 and FY 26 full-time equivalent and expenditure variances are primarily attributed to ongoing efforts to actively recruit and fill vacant positions within the office.

### PART II - MEASURES OF EFFECTIVENESS

No significant variances.

### PART III - PROGRAM TARGET GROUPS

Item 1: The variance is due to an overall decrease in the number of registered patients.

Item 2: The variance is due to an overall decrease in the number of registered patients.

### PART IV - PROGRAM ACTIVITIES

Item 1: The variance is due to an overall decrease in the number of new in-state patient applications.

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 patient renewals.

Item 4: The variance is due to a decrease 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 25 variance is 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 FY 25 variance is primarily attributed to the State of Hawaii having only one testing facility.

Item 9: The FY 25 variance is primarily attributed to the increase in requests from the Medical Cannabis Licensees.

Item 10: The FY 25 and FY 26 variances are primarily attributed to the release of new information regarding the patient registry program, dispensary operations, and the inclusion of hemp-related content.

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25					NINE MONTHS ENDING 06-30-26				
PART I: EXPENDITURES & POSITIONS RESEARCH & DEVELOPMENT COSTS POSITIONS EXPENDITURES (\$1,000's)  OPERATING COSTS POSITIONS EXPENDITURES (\$1000's)  TOTAL COSTS POSITIONS EXPENDITURES (\$1000's)	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ESTIMATED	± CHANGE		%
	2,835.25	3,457.45	+	622.20	22	2,831.35	3,477.20	+	645.85	23	2,831.35	3,491.20	+	659.85	23
	851,076	863,108	+	12,032	1	216,954	223,306	+	6,352	3	673,536	744,525	+	70,989	11
	2,835.25	3,457.45	+	622.20	22	2,831.35	3,477.20	+	645.85	23	2,831.35	3,491.20	+	659.85	23
851,076	863,108	+	12,032	1	216,954	223,306	+	6,352	3	673,536	744,525	+	70,989	11	
						FISCAL YEAR 2024-25					FISCAL YEAR 2025-26				
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%
PART II: MEASURES OF EFFECTIVENESS															
1. OCCUPANCY RATE - ACUTE CARE						55	74.16	+	19.16	35	55	74.16	+	19.16	35
2. OCCUPANCY RATE - LONG-TERM CARE						81	84.6	+	3.6	4	81	84.6	+	3.6	4
3. AVERAGE LENGTH OF STAY - ACUTE CARE						5.6	24	+	18.4	329	5.6	21	+	15.4	275
4. AVERAGE LENGTH OF STAY - LONG TERM CARE						447.9	0	-	447.9	100	447.9	0	-	447.9	100

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

**PROGRAM TITLE: HOSPITAL CARE**

**05 02**

### **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 2024-25					THREE MONTHS ENDED 09-30-25					NINE MONTHS ENDING 06-30-26				
PART I: EXPENDITURES & POSITIONS RESEARCH & DEVELOPMENT COSTS POSITIONS EXPENDITURES (\$1,000's)  OPERATING COSTS POSITIONS EXPENDITURES (\$1000's)  TOTAL COSTS POSITIONS EXPENDITURES (\$1000's)	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ESTIMATED	± CHANGE		%
	54.50	77.00	+	22.50	41	54.50	79.00	+	24.50	45	54.50	79.00	+	24.50	45
	17,509	18,891	+	1,382	8	4,377	5,603	+	1,226	28	13,132	14,829	+	1,697	13
	54.50	77.00	+	22.50	41	54.50	79.00	+	24.50	45	54.50	79.00	+	24.50	45
17,509	18,891	+	1,382	8	4,377	5,603	+	1,226	28	13,132	14,829	+	1,697	13	
						FISCAL YEAR 2024-25					FISCAL YEAR 2025-26				
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%
PART II: MEASURES OF EFFECTIVENESS															
1. BOARD APPROVED OPERATING EXPENSE BUDGET TO ACTUAL						22008	18891	-	3117	14	20480	20432	-	48	0

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 02 01  
HTH 210

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

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

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

The variance in FY 26 can be attributed to the increase in fringe benefit rate and the addition of positions to support HHSC.

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

The variance between the planned and actual for FY 25 can be attributed to budgeted positions remaining vacant for the year.

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

No program target groups have been developed for this program.

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

No program activities have been developed for this program.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	2,033	2,033	+ 0	0	485	485	+ 0	0	1,673	1,673	+ 0	0
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0	0.00	0.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	2,033	2,033	+ 0	0	485	485	+ 0	0	1,673	1,673	+ 0	0
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. OCCUPANCY RATE - ACUTE CARE					86	80	- 6	7	90	87	- 3	3
2. OCCUPANCY RATE - LONG-TERM CARE					0	0	+ 0	0	0	0	+ 0	0
3. AVERAGE LENGTH OF STAY - ACUTE CARE (DAYS)					22	16.8	- 5.2	24	23	21	- 2	9
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)					3900	4505	+ 605	16	3900	4835	+ 935	24
6. AVERAGE PATIENT REVENUE PER PATIENT DAY					6706	8232	+ 1526	23	6710	8254	+ 1544	23
<b>PART III: PROGRAM TARGET GROUP</b>												
1. EST. POPULATION OF SERVICE AREA (RESIDENTS)					22800	22800	+ 0	0	22800	22800	+ 0	0
<b>PART IV: PROGRAM ACTIVITY</b>												
1. NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE					300	319	+ 19	6	300	300	+ 0	0
2. NUMBER OF IN-PATIENT DAYS - ACUTE CARE					6600	6124	- 476	7	6900	6380	- 520	8
3. NUMBER OF EMERGENCY ROOM VISITS					7200	7636	+ 436	6	7300	7650	+ 350	5
4. NUMBER OF ADMISSIONS - LONG-TERM CARE					0	0	+ 0	0	0	0	+ 0	0
5. NUMBER OF PATIENT DAYS - LONG-TERM CARE					0	0	+ 0	0	0	0	+ 0	0

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 02 02  
HTH 211

### **PROGRAM TITLE: KAHUKU HOSPITAL**

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

No variances.

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

Item 3: The variance in the average length of stay in FY 25 is due to an increase in patients admitted for rehabilitation services, and is being pushed by payors to discharge patients.

Item 5: The variance in the average operating cost per patient day is due to the operating cost being greater due to an increase in outpatient volumes, use of agency staffing, and increased supply and drug costs caused by supply shortages from Group Purchasing Organizations vendors.

Item 6: The variance in the average patient revenue per patient day is primarily due to a significant increase in outpatient volumes.

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

No variances.

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

No significant variances.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	2,340.75	3,003.45	+ 662.70	28	2,337.85	3,019.20	+ 681.35	29	2,337.85	3,019.20	+ 681.35	29
<b>EXPENDITURES (\$1000's)</b>	741,262	770,102	+ 28,840	4	194,292	200,368	+ 6,076	3	604,531	673,419	+ 68,888	11
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	2,340.75	3,003.45	+ 662.70	28	2,337.85	3,019.20	+ 681.35	29	2,337.85	3,019.20	+ 681.35	29
<b>EXPENDITURES (\$1000's)</b>	741,262	770,102	+ 28,840	4	194,292	200,368	+ 6,076	3	604,531	673,419	+ 68,888	11
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. AVERAGE OPERATING COST PER PATIENT DAY (EXCL EQPT)					3500	3743	+ 243	7	3500	3599	+ 99	3
2. AVERAGE PATIENT REVENUE PER PATIENT DAY					2500	2709	+ 209	8	2500	2709	+ 209	8
3. OCCUPANCY RATE - ACUTE CARE					55	74.16	+ 19.16	35	55	74.16	+ 19.16	35
4. OCCUPANCY RATE - LONG-TERM CARE					81	84.6	+ 3.6	4	81	84.6	+ 3.6	4
PART III: PROGRAM TARGET GROUP												
1. EST. POPULATION OF SERVICE AREA - EAST HAWAII					126000	125874	- 126	0	126000	126478	+ 478	0
2. EST. POPULATION OF SERVICE AREA - WEST HAWAII					83000	83916	+ 916	1	83000	84185	+ 1185	1
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					74000	73840	- 160	0	74000	73766	- 234	0
5. EST. POPULATION SERVICE AREA OVER 65 - EAST HAWAII					31000	31383	+ 383	1	31000	31534	+ 534	2
6. EST. POPULATION SERVICE AREA OVER 65 - WEST HAWAII					20000	20922	+ 922	5	20000	20989	+ 989	5
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					198000	204429	+ 6429	3	198000	205247	+ 7247	4
9. EST. POPULATION SERVICE AREA OVER 65 - KAUAI					17000	17429	+ 429	3	17000	17412	+ 412	2
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE					12000	13636	+ 1636	14	12000	15816	+ 3816	32
2. NUMBER OF IN-PATIENT DAYS - ACUTE CARE					80000	100951	+ 20951	26	80000	98970	+ 18970	24
3. NUMBER OF BIRTHS					1600	1618	+ 18	1	1600	1628	+ 28	2
4. NUMBER OF ADMISSIONS - LONG-TERM CARE					355	392	+ 37	10	355	384	+ 29	8
5. NUMBER OF PATIENT DAYS - LONG-TERM CARE					130000	132472	+ 2472	2	130000	153479	+ 23479	18
6. NUMBER OF EMERGENCY ROOM (ER) VISITS					95000	96963	+ 1963	2	9500	95560	+ 86060	906

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 02 03  
HTH 212

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

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**PART I - EXPENDITURES AND POSITIONS**

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

The expenditure variance in FY 26 can be attributed to the temporary hazard pay, increase in fringe benefit rate and the continued impact of rising costs since the COVID-19 pandemic.

**PART II - MEASURES OF EFFECTIVENESS**

Item 3: The variance in acute care occupancy rate can be attributed to the recent rise in COVID-19 cases and the influenza season.

**PART III - PROGRAM TARGET GROUPS**

No significant variances.

**PART IV - PROGRAM ACTIVITIES**

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

Items 4 and 5: The variance in FY 25 number of admissions - long term care can be attributed to a facility in FY 24 having a staffing shortage that has now been filled. With full-staffing, able to admit more patients.

Item 6: The variance in the number of Emergency Room visits is due to the planned number being 9,500 instead of what it should be - 95,000.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	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 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - ASSISTED LIVING					NO DATA	76	+ 76	0	NO DATA	79	+ 79	0
PART III: PROGRAM TARGET GROUP												
1. ESTIMATED POPULATION SERVICE AREA - MAUI COUNTY					NO DATA	163769	+ 163769	0	NO DATA	162786	+ 162786	0
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF UNITS OCCUPIED - ASSISTED LIVING					NO DATA	86	+ 86	0	NO DATA	91	+ 91	0

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 02 04  
HTH 213

**PROGRAM TITLE: ALII COMMUNITY CARE**

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

No significant variances.

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

No significant variances.

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

No significant variances.

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

No significant variances.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26					
PART I: EXPENDITURES & POSITIONS RESEARCH & DEVELOPMENT COSTS POSITIONS EXPENDITURES (\$1,000's)  OPERATING COSTS POSITIONS EXPENDITURES (\$1000's)  TOTAL COSTS POSITIONS EXPENDITURES (\$1000's)	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%		
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26					
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%		
PART II: MEASURES OF EFFECTIVENESS														
1. NO MEASURES HAVE BEEN DEVELOPED FOR THIS PROGRAM					NO DATA	NO DATA	+	0	0	NO DATA	NO DATA	+	0	0

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 02 05  
SUB 601

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

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

N/A

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

No data available.

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

No measures have been developed for this program.

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

No measures have been developed for this program.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	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)	17,400	17,400	+ 0	0	3,000	3,000	+ 0	0	9,000	9,000	+ 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)	17,400	17,400	+ 0	0	3,000	3,000	+ 0	0	9,000	9,000	+ 0	0

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 02 06  
HTH 214

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

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

No significant variances.

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

No measures have been developed for this program.

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

No program target groups have been developed for this program.

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

No program activities have been developed for this program.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	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	377.00	- 63.00	14	439.00	379.00	- 60.00	14	439.00	393.00	- 46.00	10
EXPENDITURES (\$1000's)	69,372	51,182	- 18,190	26	13,925	12,975	- 950	7	42,575	42,979	+ 404	1
TOTAL COSTS												
POSITIONS	440.00	377.00	- 63.00	14	439.00	379.00	- 60.00	14	439.00	393.00	- 46.00	10
EXPENDITURES (\$1000's)	69,372	51,182	- 18,190	26	13,925	12,975	- 950	7	42,575	42,979	+ 404	1
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. OCCUPANCY RATE - LONG TERM CARE		80	78	- 2	3		85	88	+ 3	4		
2. AVERAGE LENGTH OF STAY - LONG TERM CARE (DAYS)		376	342	- 34	9		381	360	- 21	6		
3. OCCUPANCY RATE - TUBERCULOSIS		0	0	+ 0	0		0	0	+ 0	0		
4. AVERAGE LENGTH OF STAY - TUBERCULOSIS		0	0	+ 0	0		0	0	+ 0	0		
5. AVERAGE OPERATING COST PER PATIENT DAY (EXCL EQUIP		776	757	- 19	2		784	741	- 43	5		
6. AVERAGE PATIENT REVENUE PER PATIENT DAY		478	483	+ 5	1		482	489	+ 7	1		
PART III: PROGRAM TARGET GROUP												
1. ESTIMATE POPULATION OF SERVICE AREA OVER AGE 65		198444	204429	+ 5985	3		198444	205247	+ 6803	3		
PART IV: PROGRAM ACTIVITY												
1. NUMBER OF ADMISSIONS - LONG TERM CARE		185	198	+ 13	7		195	210	+ 15	8		
2. NUMBER OF PATIENT DAYS - LONG TERM CARE		69397	67540	- 1857	3		74382	75540	+ 1158	2		
3. NUMBER OF PATIENT DAYS - ADULT DAY CARE		14687	13026	- 1661	11		17260	18495	+ 1235	7		
4. NUMBER OF ADMISSIONS - TUBERCULOSIS		0	0	+ 0	0		0	0	+ 0	0		
5. NUMBER PATIENT DAYS - TUBERCULOSIS		0	0	+ 0	0		0	0	+ 0	0		

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 02 07  
HTH 215

## PROGRAM TITLE: HHSC - OAHU REGION

### PART I - EXPENDITURES AND POSITIONS

The Hawaii Health Systems Corporation, Oahu Region, was established by Act 248, SLH 2022. During FY 25 and for FY 26 first quarter, the Oahu Region's actual and estimated expenditures were below 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 - our hiring rate has begun to increase more steadily and 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 26.

### PART II - MEASURES OF EFFECTIVENESS

No significant variances.

### PART III - PROGRAM TARGET GROUPS

No significant variances.

### PART IV - PROGRAM ACTIVITIES

Item 3: The number of patient days for Maluhia and Leahi Adult Day Care services were lower than the budgeted amount by 11% due to: 1) the ongoing and unprecedented workforce shortage, which limited our ability to steadily admit new participants into our programs; and 2) absences of high-acuity participants who had to be hospitalized. Our Adult Day Care programs serve some of the most medically fragile and high-acuity seniors in the community. As a result, our participants are frequently required to be hospitalized or admitted for rehabilitative stays in other higher-level facilities. These hospitalizations and admissions are unpredictable, and in recent times have resulted in extended absences from our programs.

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25					NINE MONTHS ENDING 06-30-26				
PART I: EXPENDITURES & POSITIONS RESEARCH & DEVELOPMENT COSTS POSITIONS EXPENDITURES (\$1,000's)  OPERATING COSTS POSITIONS EXPENDITURES (\$1000's)  TOTAL COSTS POSITIONS EXPENDITURES (\$1000's)	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ESTIMATED	± CHANGE		%
	1,534.50	1,155.50	-	379.00	25	1,632.50	1,098.50	-	534.00	33	1,632.50	1,436.00	-	196.50	12
	473,949	507,127	+	33,178	7	122,933	112,795	-	10,138	8	377,749	408,310	+	30,561	8
	1,534.50	1,155.50	-	379.00	25	1,632.50	1,098.50	-	534.00	33	1,632.50	1,436.00	-	196.50	12
473,949	507,127	+	33,178	7	122,933	112,795	-	10,138	8	377,749	408,310	+	30,561	8	
						FISCAL YEAR 2024-25					FISCAL YEAR 2025-26				
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%
PART II: MEASURES OF EFFECTIVENESS															
1. % OF INDIVIDUALS SUCCESSFULLY COMPLETING TX SVCS						40	38	-	2	5	40	42	+	2	5
2. # OF INDIVIDUALS SERVED BY THE DIVISIONS OF BHA						17450	25837	+	8387	48	17409	24260	+	6851	39

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

**PROGRAM TITLE: BEHAVIORAL HEALTH**

**05 03**

### **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 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	254.00	158.50	- 95.50	38	343.00	96.50	- 246.50	72	343.00	343.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	100,989	115,405	+ 14,416	14	25,310	25,270	- 40	0	78,393	84,130	+ 5,737	7
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	254.00	158.50	- 95.50	38	343.00	96.50	- 246.50	72	343.00	343.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	100,989	115,405	+ 14,416	14	25,310	25,270	- 40	0	78,393	84,130	+ 5,737	7
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. % CONSUMERS WITH HOUSING					96	96	+ 0	0	96	96	+ 0	0
2. % CONSUMERS SOCIALLY OR VOCATIONALLY ENGAGED					7	10	+ 3	43	7	10	+ 3	43
3. % SATISFIED CONSUMERS					92	94	+ 2	2	92	95	+ 3	3
PART III: PROGRAM TARGET GROUP												
1. EST PREVAL ADULTS WITH SERIOUS MENTAL ILLNESS					59489	59469	- 20	0	59489	60000	+ 511	1
2. # PERSONS UTILIZING THE HAWAII CARES LINE					103056	102710	- 346	0	103056	103751	+ 695	1
PART IV: PROGRAM ACTIVITY												
1. # CONSUMERS SERVED: CMHCS					3546	4016	+ 470	13	3546	4217	+ 671	19
2. # CONSUMERS SERVED: POS PROGRAMS					5166	5137	- 29	1	5166	5424	+ 258	5
3. # ELIGIBILITY DETERMINATIONS PERFORMED					1231	1091	- 140	11	1231	1293	+ 62	5
4. # CONSUMERS SERVED: SPEC RESIDENTIAL SERVICES					69	66	- 3	4	69	72	+ 3	4
5. # CONSUMERS SERVED: GROUP HOME SERVICES					695	632	- 63	9	695	730	+ 35	5
6. # OF CONSUMERS SERVED: CRISIS MOBILE OUTREACH					3048	3042	- 6	0	3048	3200	+ 152	5

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 03 01  
HTH 420

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

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

The position variance in FY 24-25 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 Temporary Hazard Pay and expenditures from non-appropriated federal funds.

At the end of the first quarter of FY 26, the position variance is caused by 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 variance are attributed to expenditures from non-appropriated federal funds.

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

Item 2. The variances are attributed to increases in the number of new clubhouse members, as well as increased clubhouse engagement (member attendance) and transitional/independent employment.

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

No significant variances.

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

Item 1. The variances are attributed to a significant increase in the number of consumers served on Maui.

Item 3. The variances are attributed to multiple factors including, but not limited to, changes in service providers, changes to processes related to appointment scheduling, and increased missed appointments.

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25					NINE MONTHS ENDING 06-30-26				
PART I: EXPENDITURES & POSITIONS RESEARCH & DEVELOPMENT COSTS POSITIONS EXPENDITURES (\$1,000's)  OPERATING COSTS POSITIONS EXPENDITURES (\$1000's)  TOTAL COSTS POSITIONS EXPENDITURES (\$1000's)	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ESTIMATED	± CHANGE		%
	847.00	644.00	-	203.00	24	853.00	653.00	-	200.00	23	853.00	673.00	-	180.00	21
	134,698	138,962	+	4,264	3	50,114	50,089	-	25	0	96,932	96,957	+	25	0
	847.00	644.00	-	203.00	24	853.00	653.00	-	200.00	23	853.00	673.00	-	180.00	21
134,698	138,962	+	4,264	3	50,114	50,089	-	25	0	96,932	96,957	+	25	0	
						FISCAL YEAR 2024-25					FISCAL YEAR 2025-26				
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%
PART II: MEASURES OF EFFECTIVENESS						70	34	-	36	51	70	35	-	35	50
1. % CLIENTS DISCHARGED TO COMMUNITY-BASED SVCS						33	26	-	7	21	33	28	-	5	15
2. % CLIENTS TREATED/DISCH W/CONT COMM TENURE > 12 MO						15	2	-	13	87	15	11	-	4	27
3. % CLIENTS TRANSFERRED TO A CONTRACT FACILITY															
PART III: PROGRAM TARGET GROUP						360	379	+	19	5	370	379	+	9	2
1. # PENAL COMMITMENT PATIENTS						5	2	-	3	60	5	2	-	3	60
2. # CIVIL COMMITMENT PATIENTS															
PART IV: PROGRAM ACTIVITY						146	333	+	187	128	146	300	+	154	105
1. # NEW ADMISSIONS						200	269	+	69	35	200	270	+	70	35
2. # READMISSIONS						350	608	+	258	74	350	605	+	255	73
3. # DISCHARGES						330	316	-	14	4	330	316	-	14	4
4. # FORENSIC/COURT-ORDERED ADMISSIONS															

# VARIANCE REPORT NARRATIVE

## FY 2025 AND FY 2026

05 03 02  
HTH 430

### PROGRAM TITLE: ADULT MENTAL HEALTH - INPATIENT

#### PART I - EXPENDITURES AND POSITIONS

FY 25 Positions: A shortage of applicants for civil service positions at Hawaii State Hospital (HSH), particularly registered nurses and psychiatric technicians, has contributed to a high vacancy rate. Additionally, a high vacancy rate within the Human Resources Unit has negatively impacted HSH's recruitment and hiring processes. As of June 30, 2025, there were a total of 203 vacant positions, which is a decrease compared to the previous fiscal year, when HSH reported 267 vacancies as of June 30, 2024. These vacant positions have been filled by contract employees (temporary employment) hired through staffing agencies.

FY 26 Positions: As of September 30, 2025, HSH was able to reduce the number of vacancies to 200. HSH anticipates filling additional civil service positions in the second through fourth quarters of FY 26. By June 30, 2026, the number of vacancies is expected to decrease to 180. The hospital continues its efforts to recruit and hire for vacant service positions.

#### PART II - MEASURES OF EFFECTIVENESS

Item 1. For FY 25 and FY 26, the percentage of patients discharged to community-based services was lower than planned. This outcome is not unexpected, as discharges depend on patients' individual conditions, which are difficult to predict accurately. Additionally, the majority of discharges were discharge-to-self.

Item 2. For FY 25 and FY 26, the percentage of patients treated or discharged (those with a tenure of over 12 months) was lower than planned. This outcome is also not unexpected, as patients' conditions can change over time, affecting treatment timelines and discharge eligibility.

Item 3. For FY 25, the percentage of patients transferred to a contracted facility was lower than planned because all patients at Kahi Mohala were transferred back to HSH. In FY 26, HSH plans to transfer more patients to a contracted facility, Correct Care of South Carolina.

#### PART III - PROGRAM TARGET GROUPS

Item 2. For FY 25 and FY 26, the number of civil commitment patients is three fewer than planned. This decrease is due to reduced patient flow through the legal system related to COVID-19.

#### PART IV - PROGRAM ACTIVITIES

Items 1-3. For FY 25, the number of admissions and discharges is higher than planned. This increase is due to more defendants being ordered by judges and admitted to HSH. It is difficult to predict how many defendants will be referred to HSH for psychiatric evaluation and treatment.

Items 2-3. For FY 26, the number of admissions and discharges is estimated to be similar to the actual figures in FY 25. As a result, they are higher than planned.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	29.00	25.00	- 4.00	14	30.00	25.00	- 5.00	17	30.00	30.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	34,159	51,888	+ 17,729	52	6,293	6,293	+ 0	0	30,546	36,392	+ 5,846	19
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	29.00	25.00	- 4.00	14	30.00	25.00	- 5.00	17	30.00	30.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	34,159	51,888	+ 17,729	52	6,293	6,293	+ 0	0	30,546	36,392	+ 5,846	19
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. % OF INDIVIDUALS SUCCESSFULLY COMPLETING TX SVCS					40	38	- 2	5	40	42	+ 2	5
2. # INDIVIDUALS OBTAIN/MAINTAIN THEIR SA PROF CERT					970	973	+ 3	0	970	980	+ 10	1
3. % ATTENDEES RPTING SATISFACTION W/ TRNG EVENTS					96	98	+ 2	2	96	98	+ 2	2
4. # SA TX PROGS THAT OBTAIN/MAINTAIN ACCREDITATION					21	23	+ 2	10	21	24	+ 3	14
<b>PART III: PROGRAM TARGET GROUP</b>												
1. INDIVIDUALS IN NEED OF SA TREATMENT SVCS					90868	220000	+ 129132	142	90868	210000	+ 119132	131
2. INDIVIDUALS WHO ARE SEEKING SA CERTIFICATION					310	315	+ 5	2	310	300	- 10	3
3. # SA DIRECT SVC STAFF THAT CAN BENEFIT FR SA TRNGS					1400	1450	+ 50	4	1400	1450	+ 50	4
4. # OF SA TREATMENT PROGS THAT REQUIRE ACCREDITATION					21	23	+ 2	10	21	24	+ 3	14
<b>PART IV: PROGRAM ACTIVITY</b>												
1. # OF INDIVIDUALS RECEIVING TREATMENT SVCS					4600	5077	+ 477	10	4600	4900	+ 300	7
2. # OF INDIVIDUALS RECEIVE CURRICULUM-BASE PREV SVCS					3700	5454	+ 1754	47	3700	3700	+ 0	0
3. # PROVIDED INFO RE STATUS OF SA CERT/RECERT APP					440	450	+ 10	2	440	460	+ 20	5
4. # SA CERT PROFS-OTHER SA STAFF ENROLLED IN TRNG					1700	1756	+ 56	3	1700	1770	+ 70	4
5. # OF SA TREATMENT PROGS REVIEWED FOR ACCREDITATION					21	23	+ 2	10	21	24	+ 3	14

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 03 03  
HTH 440

## PROGRAM TITLE: ALCOHOL & DRUG ABUSE DIVISION

### PART I - EXPENDITURES AND POSITIONS

The FY 25 and FY 26 variances in positions filled are due to the difficulty in filling positions and the length of time it takes to hire qualified staff at civil service salaries.

The FY 25 and FY 26 variances in expenditures are due to short-term unappropriated federal grant expenditures, increasing the expenditure levels.

### PART II - MEASURES OF EFFECTIVENESS

Item 4. The variance increase of 10% in FY 25 is attributed to the increase in applications received for accreditation. The estimated 14% variance increase for FY 26 is due to an anticipated increase in applications for accreditation.

### PART III - PROGRAM TARGET GROUPS

Item 1. The 142% increase in FY 25 and the anticipated 131% increase in FY 26 are due to being more active in the community and sharing about the different resources available for those needing substance use treatment. The Alcohol and Drug Abuse Division (ADAD) participated in numerous resource fairs held by the Judiciary, distributing naloxone kits and educating the community about overdose. ADAD also participated in resource fairs that are held in jails and prisons, informing those who will be released in the community soon with various substance use and recovery services (different levels of treatment and various housing available).

Item 4. The variance increase of 10% in FY 25 is attributed to the increase in treatment services that require accreditation. The 14% variance increase for FY 26 will likely be due to the continued need for treatment and recovery services and the implementation of developing strategies to effectively reduce redundancies and optimize the accreditation process.

### PART IV - PROGRAM ACTIVITIES

Item 1. The 10% increase may be due to ADAD offering more substance use disorder services (cultural individual/groups, peer recovery, more therapeutic living homes, contingency management, etc.), to allow the client to be successful in treatment.

Item 2. The 47% FY 25 increase is due to higher levels of provider resources, greater community outreach, and higher needs. The variance shows that more individuals received curriculum-based prevention services. Due to changes in policies, resources, and support, it is anticipated that service levels will decrease in FY 26.

Item 5. The 10% increase in FY 25 is due to the number of accreditation applications received and reviewed within the same period. The variance increase of 14% for FY 26 will likely be due to an increase in anticipated accreditation applications and renewals.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	188.50	163.00	- 25.50	14	188.50	161.00	- 27.50	15	188.50	172.00	- 16.50	9
<b>EXPENDITURES (\$1000's)</b>	83,629	77,265	- 6,364	8	16,384	8,729	- 7,655	47	67,245	74,900	+ 7,655	11
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	188.50	163.00	- 25.50	14	188.50	161.00	- 27.50	15	188.50	172.00	- 16.50	9
<b>EXPENDITURES (\$1000's)</b>	83,629	77,265	- 6,364	8	16,384	8,729	- 7,655	47	67,245	74,900	+ 7,655	11
	FISCAL YEAR 2024-25				FISCAL YEAR 2025-26							
	PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%				
<b>PART II: MEASURES OF EFFECTIVENESS</b>												
1. % OF YOUTH RECEIVING IN-HOME SERVICES	51	49.6	- 1.4	3	51	51	+ 0	0				
2. % OF YOUTH RECV OUT/HOME THERAP FOSTER HOME SVCS	3	2.6	- 0.4	13	3	3	+ 0	0				
3. % OF YOUTH RECV OUT/HOME COMM BASED RESIDTAL SVCS	4	3.9	- 0.1	3	4	4	+ 0	0				
4. % OF YOUTH RECV OUT/HOME HOSPIT BASED RESIDTL SVCS	3	3.2	+ 0.2	7	3	3	+ 0	0				
5. % OF YOUTH RECV OUT/HOME OUT OF STATE SERVICES	1	0.5	- 0.5	50	1	1	+ 0	0				
6. AVE # OF DAYS YOUTH ENROLLED IN IN-HOME SVCS	200	196	- 4	2	200	200	+ 0	0				
7. AVE # OF DAYS YOUTH ENRO OUT/HOME THERAP FOST HOME	175	205	+ 30	17	175	180	+ 5	3				
8. AVE # OF DAYS YOUTH ENRO OUT/HOME COMM BASED RESID	135	196	+ 61	45	135	180	+ 45	33				
9. AVE # OF DAYS YOUTH ENRO OUT/HOME HOSP BASED SVCS	50	51	+ 1	2	50	50	+ 0	0				
10. AVE # OF DAYS YOUTH ENRO OUT/HOME OUT OF STATE SVC	275	377	+ 102	37	275	300	+ 25	9				
<b>PART III: PROGRAM TARGET GROUP</b>												
1. # OF YOUTH WITH MEDICAID ENROLLMENT AND TREATMENT	1600	1375	- 225	14	1600	1500	- 100	6				
2. # OF YOUTH WITH EDUCATIONALLY-LINKED TREATMENT	100	65	- 35	35	100	65	- 35	35				
3. # OF YOUTH WITH JUDICIALLY ENCUMBERED TREATMENT	220	253	+ 33	15	220	250	+ 30	14				
4. # OF YOUTH AGE 12 AND UNDER	600	595	- 5	1	600	600	+ 0	0				
5. # OF YOUTH WITH OTHER FUNDED TREATMENT	16	78	+ 62	388	16	75	+ 59	369				
<b>PART IV: PROGRAM ACTIVITY</b>												
1. TOTAL AMT (IN 1,000'S) BILLED FOR CONTRACTED SVCS	3200	2556	- 644	20	3200	3200	+ 0	0				
2. TOTAL AMT REIMB (1,000'S) BY MEDCD FOR CONTRA SVC	11200	4031	- 7169	64	11200	11200	+ 0	0				
3. % OF CONTRACTED SVCS COSTS WHICH FED REIMB RECVD	30	16	- 14	47	30	30	+ 0	0				
4. TOTAL # OF YOUTH SERVED	2200	1674	- 526	24	2200	1800	- 400	18				
5. TOTAL # OF YOUTH SERVED WITH CONTRACTED SERVICES	1200	939	- 261	22	1200	1000	- 200	17				

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 03 04  
HTH 460

## PROGRAM TITLE: CHILD & ADOLESCENT MENTAL HEALTH

### PART I - EXPENDITURES AND POSITIONS

The Child and Adolescent Mental Health Division (CAMHD) had a vacancy rate of 20% at the end of FY 25. Many of our clinical positions are difficult to fill as there is currently a behavioral health workforce shortage, both nationally and in Hawaii. We are attending job fairs and working with our local universities to provide training site opportunities and 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 5. This is a positive variance in that the number of youth we have had to send out of the State for mental health treatment has decreased. This may be due to an increase in clinical oversight and an increase in the availability of community programs.

Item 7. This variance appears to be driven by youth in foster custody who do not have homes to transition to when their treatment in this level of care is completed. Child Welfare Services reports struggling to recruit enough Resource Caregiver (aka foster) homes. CAMHD has built reports to monitor lengths of stay in order to closely monitor this trend.

Items 8 and 10. This trend appears to be driven by youth in foster custody who do not have homes to transition to when their treatment in this level of care is completed. Child Welfare Services reports struggling to recruit enough Resource Caregiver (aka foster) homes. CAMHD has built reports to monitor lengths of stay in order to closely monitor this trend.

### 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 early identification of youth in need of intensive mental health services. In

addition, CAMHD has contracted for community outreach and expanded crisis support to facilitate access to services and identification of youth. Lastly, CAMHD has launched a number of media campaigns to increase public awareness of our services.

Item 2. The number of youth with educationally linked treatment has continued to decline since the pandemic. This mirrors local and national data, which indicates that the Department of Education (DOE) is finding fewer students eligible for services under the Individuals with Disabilities Education Act. CAMHD has been meeting with DOE leadership to understand needs and barriers.

Item 3. The way the CAMHD system captures data about the number of youth who are judicially encumbered may be artificially inflating this value. CAMHD collaborates with the Office of Youth Services (OYS) to provide support to at-risk youth, but not all of those youth are involved in the criminal justice system; some have been successfully diverted.

Item 5. This is a positive variance that reflects a dramatic increase in the number of youth identified and funded through OYS.

### PART IV - PROGRAM ACTIVITIES

Items 1, 2, and 3. In the middle of this fiscal year, CAMHD worked with the MedQUEST Division on a State Plan Amendment to increase provider rates. As a result of this change, billing for contracted services was delayed while the new rates were being entered into the system.

Item 4. 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 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. Lastly, CAMHD has launched a number of media campaigns to increase awareness of our services.

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 03 04  
HTH 460

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

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Item 5. 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 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. Lastly, CAMHD has launched a number of media campaigns to increase awareness of our services. On the provider side, CAMHD has provided rate increases to ensure adequate capacity of contracted services.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	214.00	163.00	- 51.00	24	216.00	161.00	- 55.00	25	216.00	216.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	120,263	116,514	- 3,749	3	24,779	20,323	- 4,456	18	104,475	108,931	+ 4,456	4
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	214.00	163.00	- 51.00	24	216.00	161.00	- 55.00	25	216.00	216.00	+ 0.00	0
<b>EXPENDITURES (\$1000's)</b>	120,263	116,514	- 3,749	3	24,779	20,323	- 4,456	18	104,475	108,931	+ 4,456	4
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. % OF PERSONS WITH D/ID RCVNG DD SRVCS					13	17.5	+ 4.5	35	13	17.5	+ 4.5	35
2. # ADULTS CHOOSING THEIR OWN LIVING ARRANGEMENTS					2760	2975	+ 215	8	2760	2995	+ 235	9
3. % ADULT FOSTER HOMES RE-CERTIFIED PRIOR TO EXP CER					90	95	+ 5	6	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	41	- 4	9	45	45	+ 0	0
PART III: PROGRAM TARGET GROUP												
1. # OF PERSONS SUBMTG APPLICATIONS EGBL FOR DD SRVC					125	154	+ 29	23	125	160	+ 35	28
2. # OF PEOPLE IN HI WHO SUSTAINED NEUROTRAUMA INJURY					575	575	+ 0	0	575	575	+ 0	0
3. # AUTHORIZED POSITIONS (PERM & TEMP)					NO DATA	NO DATA	+ 0	0	NO DATA	NO DATA	+ 0	0
4. # OF KEY COMMUN STAKEHLDRS FOR PHP OR ER ACT					NO DATA	NO DATA	+ 0	0	NO DATA	NO DATA	+ 0	0
PART IV: PROGRAM ACTIVITY												
1. # UNDUPLICATED INDIVS RECVG STATE-FUNDED SUPPORTS					110	72	- 38	35	110	80	- 30	27
2. # OF NEW APPLICANTS FOR DD SERVICES					200	187	- 13	7	200	200	+ 0	0
3. # OF PERSONS RECEIVING HCBS-DD/ID WAIVER					2900	2956	+ 56	2	2900	2900	+ 0	0
4. % OF ADULT FOSTER HOME RECERTIFIED FREE OF MED ERR					90	91	+ 1	1	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	3413	+ 113	3	3300	3400	+ 100	3
8. # PERSONS IN HSH RECEIVING DENTAL TREATMENT					240	218	- 22	9	240	220	- 20	8
9. # PERSONS RECEIVING DENTAL TREATMENT AT DOH CLINIC					1450	1119	- 331	23	1450	1150	- 300	21

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 03 05  
HTH 501

## PROGRAM TITLE: DEVELOPMENTAL DISABILITIES

### PART I - EXPENDITURES AND POSITIONS

The variance in position counts for FY 25 and FY 26 stemmed from challenges in securing interviews and attracting applicants. The program continues to face difficulty filling vacancies in FY 26. In FY25, all positions were actively recruited. In FY 26, two (2) positions are pending the Department of Health/ Human Resources Office Classification to establish positions, one (1) position is pending review and approval of position redescription, and the remaining positions are being actively recruited.

The expenditure variance for FY 26 was due to an insufficient temporary allotment in the first quarter "A" fund to process the State's share of the Waiver Services for September.

### PART II - MEASURES OF EFFECTIVENESS

Item 1. The Developmental Disabilities (DDD) has improved its outreach efforts to connect with schools, rural areas, and underserved communities, which has helped us reach a broader population. In addition, DDD has participated in Community Engagement events to educate the local communities on Intellectual and Developmental Disabilities services and opportunities, which has improved access to our services

### PART III - PROGRAM TARGET GROUPS

Item 1. The variance was due to an increase in the number of applicants meeting eligibility criteria in FY 25. The trend is expected to continue in FY 26.

### PART IV - PROGRAM ACTIVITIES

Item 1. DDD uses State-funded supports to support individuals who are not eligible or not yet eligible for 1915(c) Medicaid Waiver services, including those who are in the application process for those Waiver services. DDD has significantly improved its Medicaid Waiver application process to help our participants become eligible for the waiver. These

systematic improvements have shortened the timeline in which individuals apply for and are then eligible for Medicaid Waiver service, meaning that many are offered but do not need to utilize State-funded services in the interim. They are instead able to receive services through the Medicaid Waiver funding. This has led to a small decrease in utilization of the program. DDD has trained staff, increased collaboration with partners, and updated the process for referring individuals for State-funded supports, which is expected to continue the upward trend of individuals receiving State-funded supports.

Item 9. The decrease in the actual persons receiving dental treatment is due to vacant positions (dentists and dental assistants), 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 due to the Medicaid Dental Program providing comprehensive dental coverage for adults. 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 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.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	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	2.00	+ 0.00	0
EXPENDITURES (\$1000's)	211	7,093	+ 6,882	3,262	53	2,091	+ 2,038	3,845	158	7,000	+ 6,842	4,330
TOTAL COSTS												
POSITIONS	2.00	2.00	+ 0.00	0	2.00	2.00	+ 0.00	0	2.00	2.00	+ 0.00	0
EXPENDITURES (\$1000's)	211	7,093	+ 6,882	3,262	53	2,091	+ 2,038	3,845	158	7,000	+ 6,842	4,330
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. # OF INDIVIDUALS SERVED BY THE DIVISIONS OF BHA					17450	25837	+ 8387	48	17409	24260	+ 6851	39
PART III: PROGRAM TARGET GROUP												
1. RESIDENT POPULATION OF HAWAII					1429368	1446146	+ 16778	1	1425358	1448000	+ 22642	2
PART IV: PROGRAM ACTIVITY												
1. # OF INDIVIDUALS SERVED IN BH PREVENTION SERV/PROG					NO DATA	5454	+ 5454	0	NO DATA	3700	+ 3700	0
2. # OF INDIVIDUALS SERVED IN BH TREATMENT/SERVI PROG					17450	19933	+ 2483	14	17409	20100	+ 2691	15

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 03 06  
HTH 495

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**PROGRAM TITLE: BEHAVIORAL HEALTH ADMINISTRATION**

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**PART I - EXPENDITURES AND POSITIONS**

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

FY 26: The expenditure variances are attributed to expenditures from non-appropriated federal funds.

**PART II - MEASURES OF EFFECTIVENESS**

Item 1. The net variances are attributed to: 1) an increase in the number of substance use professionals being helped towards certification/recertification; 2) the establishment of the Certified Community Behavioral Health Clinics on Maui; 3) increased need for behavioral health services post-Maui wildfire emergency; and 4) updates to data collection and reporting workflows.

**PART III - PROGRAM TARGET GROUPS**

No significant variances.

**PART IV - PROGRAM ACTIVITIES**

Items 1 and 2. The net variances in FY 25 and FY 26 are attributed to the combined impact of the following: 1) an increase in the number of substance use professionals being helped towards certification/recertification; 2) the establishment of the Certified Community Behavioral Health Clinics on Maui; and 3) increased need for behavioral health services post-Maui wildfire.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	274.00	227.00	- 47.00	17	285.00	223.00	- 62.00	22	285.00	277.00	- 8.00	3
EXPENDITURES (\$1000's)	36,627	35,174	- 1,453	4	9,102	8,268	- 834	9	27,591	25,635	- 1,956	7
TOTAL COSTS												
POSITIONS	274.00	227.00	- 47.00	17	285.00	223.00	- 62.00	22	285.00	277.00	- 8.00	3
EXPENDITURES (\$1000's)	36,627	35,174	- 1,453	4	9,102	8,268	- 834	9	27,591	25,635	- 1,956	7
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					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

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

**PROGRAM TITLE: ENVIRONMENTAL HEALTH**

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**05 04**

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

Details of the position and expenditure variances are best examined at the lowest program level.

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

Additional details are provided at the lowest level program narratives.

## VARIANCE REPORT

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25					NINE MONTHS ENDING 06-30-26				
	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	126.00	-	33.00	21	168.00	125.00	-	43.00	26	168.00	167.00	-	1.00	1
EXPENDITURES (\$1000's)	14,043	16,252	+	2,209	16	4,061	4,368	+	307	8	10,460	10,153	-	307	3
TOTAL COSTS															
POSITIONS	159.00	126.00	-	33.00	21	168.00	125.00	-	43.00	26	168.00	167.00	-	1.00	1
EXPENDITURES (\$1000's)	14,043	16,252	+	2,209	16	4,061	4,368	+	307	8	10,460	10,153	-	307	3

					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26					
					PLANNED	ACTUAL	±	CHANGE	%	PLANNED	ESTIMATED	±	CHANGE	%
PART II: MEASURES OF EFFECTIVENESS														
1.	% OF VCTR BRNE DISEASE CSES IN HI CONTAIN OR ABATED				98	100	+	2	2	98	100	+	2	2
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	0	-	1	100	1	0	-	1	100
5.	% LOCAL AGRI PRODUCERS W FOOD SAFETY STATUE/RULES				5	33	+	28	560	5	34	+	29	580
6.	% FOOD ESTABMTS W/RISK FACTORS FOODBORNE ILLNESS				15	14	-	1	7	15	15	+	0	0
7.	% AIR-CONDITIOND/VENTILATD FACILITIES IN COMPLIANC				80	85	+	5	6	80	85	+	5	6
8.	% NOISE PERMITS IN COMPLIANCE (IRH)				98	98	+	0	0	98	98	+	0	0
9.	% RADIATION FACILITIES IN COMPLIANCE (IRH)				70	98	+	28	40	70	98	+	28	40
10.	% ASBESTOS RENOV/DEMO (NESHAP) PROJS IN COMPLIANCE				90	95	+	5	6	90	95	+	5	6

<b>PART III: PROGRAM TARGET GROUP</b>										
1. # OF HOMES, BUSINESSES RCV D VECTOR ASSTNC & OUTRCH	3800	2458	-	1342	35	3800	3600	-	200	5
2. # FOOD ESTABLISHMENTS	11000	11227	+	227	2	11000	11200	+	200	2
3. POPULATION OF HAWAII	1300000	1446000	+	146000	11	1300000	1450000	+	150000	12
4. # TEMPORARY FOOD ESTABLISHMENT PERMITTEES	6300	5855	-	445	7	6500	6300	-	200	3
5. # OF LOCAL AGRICULTURAL PRODUCERS	20	34	+	14	70	20	34	+	14	70
6. # LICENSED RADIOLOGIC TECHNOLOGISTS (IRH)	1500	2116	+	616	41	1500	2250	+	750	50
7. # TATTOO SHOPS	275	509	+	234	85	275	510	+	235	85
8. # SITES WITH A NOISE PERMIT	450	420	-	30	7	450	450	+	0	0
9. # OF RADIATION FACILITIES (IRH)	1100	1121	+	21	2	1100	1121	+	21	2
10. # ASBESTOS RENOVATN/DEMOLITN (NESHAP) PROJS (IRH)	700	648	-	52	7	700	700	+	0	0

<b>PART IV: PROGRAM ACTIVITY</b>										
1. # INSPECTIONS OF AHERA SOURCES (IRH)	100	20	-	80	80	100	20	-	80	80
2. # ROUTINE INSPECTIONS OF FOOD ESTABLISHMENTS	13000	5717	-	7283	56	13000	11000	-	2000	15
3. # FOOD SAFETY INSPECTIONS W/ 2/MORE MAJOR VIOLATNS	1000	811	-	189	19	1000	1600	+	600	60
4. # READY-2-EAT FOOD PRDCT FR MICRO. CONTAMINATION	60	131	+	71	118	60	30	-	30	50
5. # LOCAL PRODUCE SAMP ANALYZED FOR PESTICIDE RESIDUE	240	90	-	150	63	240	240	+	0	0
6. # FOODBORNE ILLNESS INVESTIGATIONS CONDUCTED	150	89	-	61	41	150	100	-	50	33
7. # BIOSECURITY BASE ON VCT CNTRL ACTVTES PORT OF ENT	1400	72902	+	71502	5107	1400	72000	+	70600	5043
8. # NOISE PERMIT INSPECTIONS (IRH)	1100	425	-	675	61	1100	500	-	600	55
9. # INSPECTIONS OF RADIATION FACILITIES (IRH)	225	36	-	189	84	225	75	-	150	67
10. # FOOD SAFETY CLASSES CONDUCTED	400	267	-	133	33	400	400	+	0	0

# VARIANCE REPORT NARRATIVE

## FY 2025 AND FY 2026

05 04 01  
HTH 610

### PROGRAM TITLE: ENVIRONMENTAL HEALTH SERVICES

#### PART I - EXPENDITURES AND POSITIONS

The variances in the number of positions filled for FY 25 and for the first three months of FY 26 are primarily due to the lengthy recruitment process and difficulty in filling positions, as well as one position that was unfunded (salary deleted) during each year. In addition, nine new positions were authorized by Act 250, SLH 2025, and are in the establishment process.

For expenditures, the variance for FY 25 is primarily due to the Temporary Hazard Pay for current and former employees. The variance for FY 26 is primarily due to encumbrances and expenditures for contracts and computer network upgrades in the first quarter.

#### PART II - MEASURES OF EFFECTIVENESS

Item 4. The variance is due to the extremely low numbers reported. The actual percentage of establishments receiving a CLOSED placard in FY 25 was 0.23% which is insignificant, given that the low number of CLOSED placards issued historically is 0-1%. Only 13 out of 5,717 routine inspections resulted in a CLOSED placard.

Item 5. The Food and Drug Branch (FDB) indicators have been revised from last year; the planned data in the current variance form was tied to the prior indicators.

Item 9. Inaccurate planned percentages were provided previously.

#### PART III - PROGRAM TARGET GROUPS

Item 1. The FY 25 variance is due to the differing densities of homes and businesses surrounding vector control-related assistance and outreach. The number of work orders also varies from year to year and is not consistent.

Item 3. The variances are due to the higher-than-expected population growth.

Item 5. The FDB indicators have been revised from last year; the planned data in the current variance form was tied to the prior indicators.

Item 6. The variances are due to an increase in radiology technicians statewide. This number is expected to stay consistently higher than in previous years as the demand for radiology services is rising.

Item 7. The large variance is due to past under-reporting by the program, as the data did not include the neighbor islands. This is coupled with very high growth in the industry due to the popularity of tattoos in Hawaii.

#### PART IV - PROGRAM ACTIVITIES

Item 1. The variances are due to the complexity of the inspections, so fewer can be performed with the available staff.

Item 2. The variances are due to a change in software vendor for the Branch's food safety inspection system. The Branch reverted to manual paper and pen inspections from November 2023 to October 2024. The steep learning curve for staff to learn how to navigate the new inspection system was coupled with a 33% vacancy rate on Kauai and a 50-60% vacancy rate on Maui. Oahu has 24 of 29 field staff positions filled and received six more field staff for FY 26, so the number of routine inspections is expected to increase in FY 26.

Item 3. The variance was due to the reduced number of routine inspections, which yielded fewer major violations. The percentage of food establishments with food illness risk factor violations remained constant. For FY 26, with more inspections anticipated, more violations will be found.

Item 4. The FDB indicators have been revised from last year; planned data in the current variance form was tied to the prior indicators. Furthermore, additional samples were collected in February and April 2025 as part of a U.S. Food and Drug Administration investigation. In addition, a delay in this year's federal grant award shortened the time of performance and will reduce the number of samples FDB will collect in FY

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 04 01  
HTH 610

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**PROGRAM TITLE: ENVIRONMENTAL HEALTH SERVICES**

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26.

Item 5. The FY 25 variance was because produce sampling began again in December 2024, so samples were collected for less than a full year. Furthermore, due to personnel loss at the State Laboratories Division to perform analyses, there was no sampling conducted in June 2025.

Item 6. Unable to explain the marked reduction in foodborne illness inspections done in FY 25. The Branch does not control this, as it does 100% of all suspected food illness inspections referred to the Food Safety Branch by the Department of Health's Disease Investigation Branch.

Item 7. The variances are due to both an increase in biosecurity-related actions as well as a change in reporting requirements. Each trap and treatment requires staffing to maintain and complete (The FY 25 and FY 26 planned data were for the prior Item 7 measure).

Item 8. The variances are due to staff vacancies, so fewer noise permit inspections can be performed.

Item 9. The variances are due to staff vacancies, so fewer radiation facility inspections can be performed.

Item 10. The variance is due partly to the food safety classroom on Oahu being closed for two months due to renovation. New audio/visual equipment was installed to replace a 20-year-old set-up that had outlived its usefulness. Oahu also added online classes in September, in addition to the in-person classes. The number of classes is expected to return to around 400 per year.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
<b>PART I: EXPENDITURES &amp; POSITIONS</b>												
<b>RESEARCH &amp; DEVELOPMENT COSTS</b>												
<b>POSITIONS</b>												
<b>EXPENDITURES (\$1,000's)</b>												
<b>OPERATING COSTS</b>												
<b>POSITIONS</b>	68.00	54.00	- 14.00	21	70.00	51.00	- 19.00	27	70.00	63.00	- 7.00	10
<b>EXPENDITURES (\$1000's)</b>	11,791	9,890	- 1,901	16	2,297	1,513	- 784	34	8,648	6,892	- 1,756	20
<b>TOTAL COSTS</b>												
<b>POSITIONS</b>	68.00	54.00	- 14.00	21	70.00	51.00	- 19.00	27	70.00	63.00	- 7.00	10
<b>EXPENDITURES (\$1000's)</b>	11,791	9,890	- 1,901	16	2,297	1,513	- 784	34	8,648	6,892	- 1,756	20
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					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
2. % OF FALSE NEGATIVE LAB TEST RESULTS					0	0	+ 0	0	0	0	+ 0	0
3. % OF REQUESTS FOR SERVICES MET					100	100	+ 0	0	100	100	+ 0	0
4. % PROFICIENCY TESTS PERFRMD MEETG PROFICIENCY STDS					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
2. OTHER GOVERNMENT AGENCIES					7	7	+ 0	0	7	7	+ 0	0
3. # OF CLINICAL LAB PERSONNEL APPLYING FOR LICENSURE					180	378	+ 198	110	180	350	+ 170	94
4. # OF LICENSED CLINICAL LABORATORY PERSONNEL					1400	1233	- 167	12	1400	1400	+ 0	0
5. # OF LABS PERFORMING CLINICAL DIAGNOSTIC TESTING					780	0	- 780	100	780	0	- 780	100
6. # OF LABS PERFORMING SUBSTANCE ABUSE TESTING					3	2	- 1	33	3	2	- 1	33
7. # OF LABS PERFORMING ENVIRONMENTAL TESTING					16	16	+ 0	0	16	16	+ 0	0
8. # OF LABS PERFORMING MEDICAL MARIJUANA TESTING					3	0	- 3	100	3	0	- 3	100
PART IV: PROGRAM ACTIVITY												
1. DRINKING WATER (WORK TIME UNITS)					400000	409120	+ 9120	2	400000	477200	+ 77200	19
2. WATER POLLUTION (WORK TIME UNITS)					325000	422866	+ 97866	30	325000	538720	+ 213720	66
3. SEXUALLY TRANSMITTED DISEASE (WORK TIME UNITS)					320000	493500	+ 173500	54	320000	502480	+ 182480	57
4. OTHER COMMUNICABLE DISEASES (WORK TIME UNITS)					575000	723980	+ 148980	26	575000	739200	+ 164200	29
5. FOOD AND DRUGS (WORK TIME UNITS)					300000	411595	+ 111595	37	300000	475020	+ 175020	58
6. # OF LABORATORY INSPECTIONS					30	37	+ 7	23	30	38	+ 8	27
7. # OF LAB PERSONNEL RECEIVING FORMAL LAB TRAINING					110	139	+ 29	26	110	110	+ 0	0

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 04 02  
HTH 710

## PROGRAM TITLE: STATE LABORATORY SERVICES

### PART I - EXPENDITURES AND POSITIONS

In FY 25, the vacancy rate for positions remains high at 21%, which is comparable to the 20% rate observed in FY 24. The recruitment process during FY 25 remained slow, with a limited pool of qualified candidates available, and the private sector and our counterparts on the mainland offer more competitive salaries. Additionally, the State laboratories are in the process of reorganization, with several positions being redescribed to enhance operational efficiency.

In FY 25, there is a 10% difference in expenditures mainly due to delays in the contract process. Additionally, there is a 27% difference in positions for the first quarter of FY 26 and a 10% variance for the last three quarters of FY 26, which is also due to the slow recruitment processes, as well as a lack of available qualified candidates and pending reorganization. These issues contribute to the ongoing staffing challenges faced by the State Laboratories Division (SLD).

### PART II - MEASURES OF EFFECTIVENESS

No significant variances.

### PART III - PROGRAM TARGET GROUPS

Item 3. For FY 25, the 110% variance is due to the increase in traveler medical laboratory technologists and technicians in the State of Hawaii.

Item 4. The FY 25, the 12% decrease is due to a decrease in renewals due to retirements and individuals not seeking to renew.

Item 5. The FY 25, 100% decrease is due to SLD no longer reporting this as a target group. The number of laboratories performing diagnostic testing is tracked by the Office of Health Care Assurance (OHCA), not SLD. OHCA licenses diagnostic laboratories.

Item 6. For FY 25, the 33% decrease in laboratories performing substance abuse testing is due to the closure of one laboratory.

Item 8. For FY 25, SLD will no longer track the number of labs performing medical marijuana testing. The activities have been assumed by the Office of Medical Cannabis Control and Regulation, thus the 100% negative variance.

### PART IV - PROGRAM ACTIVITIES

Item 1. The 19% increase in FY 26 is due to the newly projected increase in drinking water sampling.

Item 2. The 30% variance for FY 25 is due to the Clean Water Branch's (CWB) increase in sampling. The 66% variance in FY 26 from planned is due to the project sample estimated increase provided to the lab by the CWB.

Item 3. The 54% variance is due to an increase in samples received. The 57% increase from planned is due to the projected specimen increase provided to the lab by the Sexually Transmitted Infections clinic.

Item 4. The 26% variance is due to the increase in samples for respiratory viruses. For FY 26, the 29% increase from the planned is due to the projected increase in samples for respiratory viruses.

Item 5. The 37% variance is due to the Food and Drug Branch starting up again and providing more samples. For FY 26, the 58% variance is due to the projected increase in testing food.

Item 6. The FY 25 and FY 26 increase in the number of laboratory inspections is due to more laboratories requiring certification.

Item 7. The FY 25 increase of 26% is due to more funding for staff to receive formal laboratory training.

## VARIANCE REPORT

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25					NINE MONTHS ENDING 06-30-26				
PART I: EXPENDITURES & POSITIONS RESEARCH & DEVELOPMENT COSTS POSITIONS EXPENDITURES (\$1,000's)  OPERATING COSTS POSITIONS EXPENDITURES (\$1000's)  TOTAL COSTS POSITIONS EXPENDITURES (\$1000's)	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ESTIMATED	± CHANGE		%
	47.00	47.00	+	0.00	0	47.00	47.00	+	0.00	0	47.00	47.00	+	0.00	0
	10,793	9,032	-	1,761	16	2,744	2,387	-	357	13	8,483	8,590	+	107	1
	47.00	47.00	+	0.00	0	47.00	47.00	+	0.00	0	47.00	47.00	+	0.00	0
10,793	9,032	-	1,761	16	2,744	2,387	-	357	13	8,483	8,590	+	107	1	
						FISCAL YEAR 2024-25					FISCAL YEAR 2025-26				
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%
PART II: MEASURES OF EFFECTIVENESS															
1. % FACILITIES MTG MINIMUM LICENSURE/CERTIFICATN REQ						100	100	+	0	0	100	100	+	0	0
2. % OF UNLICENSED SETTINGS BROUGHT INTO COMPLIANCE						100	100	+	0	0	100	100	+	0	0
3. % COMPLAINTS INVESTGTD & CORRECTV ACTION COMPLETED						100	100	+	0	0	100	100	+	0	0
PART III: PROGRAM TARGET GROUP															
1. HOSPITALS AND CRITICAL ACCESS HOSPITALS						29	29	+	0	0	29	29	+	0	0
2. SKILL NURS(SNF), INTERM CARE FAC (ICF) AND ICF-ID						60	60	+	0	0	60	60	+	0	0
3. ADULT RESIDENTIAL/FOSTER/COMMUNITY HOMES/DAY CARE						1750	1813	+	63	4	1750	1830	+	80	5
4. ESRD AND HOSPICE FACILITIES AND AGENCIES						54	48	-	6	11	54	50	-	4	7
5. SPCL TREATMENT FACILITIES/THERAPEUTIC LIVING PROGS						42	40	-	2	5	42	40	-	2	5
6. CASE MGMT AGENCIES AND DIETICIANS						340	377	+	37	11	340	380	+	40	12
7. CLINICAL LABORATORIES						926	866	-	60	6	926	859	-	67	7
8. HOME HLTH AGENCIES/HOME CARE AGENCIES						175	146	-	29	17	175	150	-	25	14
9. AMBULATORY SURGICAL CENTERS						38	22	-	16	42	38	28	-	10	26
PART IV: PROGRAM ACTIVITY															
1. NUMBER OF STATE LICENSING SURVEYS						3900	3804	-	96	2	3900	3900	+	0	0
2. NUMBER OF MEDICARE CERTIFICATION SURVEYS						203	248	+	45	22	203	240	+	37	18
3. NUMBER OF STATE COMPLAINT INVESTIGATIONS						130	110	-	20	15	130	130	+	0	0
4. NUMBER OF FEDERAL COMPLAINT INVESTIGATIONS						101	108	+	7	7	101	108	+	7	7
5. NUMBER OF INVESTIGATIONS OF UNLICENSED ACTIVITIES						27	25	-	2	7	27	27	+	0	0

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 04 03  
HTH 720

## PROGRAM TITLE: HEALTH CARE ASSURANCE

### PART I - EXPENDITURES AND POSITIONS

In FY 25, the Office of Health Care Assurance (OHCA) had a 19% staffing shortfall, with nine (9) vacant and two (2) unestablished positions out of 47 authorized full-time equivalents. Three (3) of these positions are to be impacted by a program reorganization, which should be completed in FY 26 and, therefore, purposely not filled. Two (2) of the vacant positions were filled during July through October 2025. There are two (2) positions that are actively being varied/re-described, which should allow for a larger pool of candidates and easier recruitment, and the remaining final four (4) positions are currently on hold due to federal budget delays.

In FY 25, 16% (\$1.7 million) of funds went unspent, primarily from special and federal funds covering payroll, fringe, and indirect costs for Medicare Title 18 and 19 grants. A special funds contract in the amount of \$750,000 (8%) was paid in early FY 26 due to the timing of the contract execution.

### PART II - MEASURES OF EFFECTIVENESS

No variances between the planned and actual percentages.

### PART III - PROGRAM TARGET GROUPS

Item 4. Decrease in the expected numbers of end-stage renal dialysis (ESRD) and hospice facilities. For FY 25, it was anticipated that there would be an increase in the number of ESRDs and hospice facilities. This did not occur to the level the program thought it would. This has been adjusted for FY 26.

Item 6. There is increase in the number of licensed dietitians, as it is difficult to predict the number of licensed dietitians, as we allow licensure by endorsement for out-of-state licensees. Certain years will be higher and others lower.

Item 8. There is decrease in the number of home care agencies (HCA) and home health agencies (HHA), as it was anticipated in FY 25 that more applications would be received for HCAs and HHAs, this was not

the case, and as a result, the actual numbers are lower than what was planned. This has been adjusted for FY 26.

Item 9. There is decrease in the number of ambulatory surgery centers (ASC), as it was anticipated in FY 25 that there would be a higher number of ASCs opening in the State. This did not occur, and as a result, the actual numbers were less than what was anticipated. This has been adjusted for FY 26.

### PART IV - PROGRAM ACTIVITIES

Item 2. Increase in the number of Medicare certification surveys can be attributed to the number of revisit surveys that needed to take place at nursing homes. Additionally, there was an increase due to the number of Clinical Laboratory Improvement Amendments recertification surveys completed, which are on a biennial certification cycle. This is a difficult number to predict as certain years will be higher and others lower.

Item 3. There is decrease in the number of State complaint investigations, as it is difficult to predict the number of complaints each year as unanticipated factors can impact the number of complaints received (e.g., COVID-19).

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	246.00	178.50	- 67.50	27	252.00	178.50	- 73.50	29	252.00	174.00	- 78.00	31
EXPENDITURES (\$1000's)	50,191	38,717	- 11,474	23	7,858	4,521	- 3,337	42	41,889	44,372	+ 2,483	6
TOTAL COSTS												
POSITIONS	246.00	178.50	- 67.50	27	252.00	178.50	- 73.50	29	252.00	174.00	- 78.00	31
EXPENDITURES (\$1000's)	50,191	38,717	- 11,474	23	7,858	4,521	- 3,337	42	41,889	44,372	+ 2,483	6
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					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	95	+ 0	0
2. % ACTIV COMPLTD W/IN ESTAB TMEFRM HI STATE DD PLAN					95	95	+ 0	0	95	95	+ 0	0

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

**PROGRAM TITLE: OVERALL PROGRAM SUPPORT**

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**05 05**

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

Details of the position and expenditure variances are best examined at the lowest program level.

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

Additional details are provided at the lowest level program narratives.

## VARIANCE REPORT

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26						
	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	7.00	5.00	-	2.00	29	7.00	7.00	+	0.00	0
EXPENDITURES (\$1000's)	770	709	-	61	8	320	169	-	151	47	961	1,112	+	151	16
TOTAL COSTS															
POSITIONS	6.00	5.00	-	1.00	17	7.00	5.00	-	2.00	29	7.00	7.00	+	0.00	0
EXPENDITURES (\$1000's)	770	709	-	61	8	320	169	-	151	47	961	1,112	+	151	16
						FISCAL YEAR 2024-25				FISCAL YEAR 2025-26					
						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	95	+	0	0
2. % OF CON APPL APPRVD BASED ON FINDGS REL TO HSFP						95	100	+	5	5	95	95	+	0	0
3. % CON APPS REVWD CMPLTD W/IN HI ADMIN RULES TIME						25	100	+	75	300	100	100	+	0	0
4. # MTGS SUPPORTING "HI THE HEALTH STATE" INIATIVE						35	20	-	15	43	4	4	+	0	0
5. # MEETINGS SUPPORTING HI HTH DATA ACQSTN, ANLYTICS						35	10	-	25	71	4	4	+	0	0
6. % AHEAD GRNT RPRTNG MET FOR ADMNSTRV, CNTRCTNG						40	40	+	0	0	95	95	+	0	0
7. # MEETINGS TO DVLP AHEAD GRNT IMPLMTATIN STRATEGY						100	30	-	70	70	20	20	+	0	0
8. % POP COVERED UNDER THE ALL-PAYER CLAIMS DATA BASE						95	72	-	23	24	80	80	+	0	0
9. % HTH CARE FAC SUBMTNG ANN REPTS W/IN SPCFD TIME						90	100	+	10	11	95	100	+	5	5
10. NUMBER OF SPECIAL REPORTS PUBLISHED						1	1	+	0	0	1	1	+	0	0
PART III: PROGRAM TARGET GROUP															
1. VOLUNTEERS INVOLVED IN SHCC/SUB-AREA COUNCILS						1460	35	-	1425	98	35	45	+	10	29
2. VOLUNTEERS INVOLVED IN ADVISORY COUNCILS						140	120	-	20	14	60	120	+	60	100
3. PUBLIC AND PRIVATE HEALTH CARE SERVICE PROVIDERS						85	85	+	0	0	97	97	+	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. SHCC & SAC SUPPORT & TRAINING (PROF PERSON DAYS)						225	225	+	0	0	225	225	+	0	0

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 05 01  
HTH 906

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

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**PART I - EXPENDITURES AND POSITIONS**

The variance for the position in FY 25 is due to a vacant position, the Comprehensive Health Planning Coordinator (CHPC).

The variances for the positions in the first quarter (Q1) of FY 26 are due to the unfilled positions of CHPC and a new position given in the last Legislative session, an Administrative Officer V, which both are in the process of hiring. The variance for the expenditures is primarily due to delays in furniture arrival and installation, which then delayed allowing us to work on the next components of the upcoming office renovations.

The variance for expenditures in the second to fourth quarters of FY 26 is due to the delays from the Q1, but renovations are now on track for completion in this fiscal year.

**PART II - MEASURES OF EFFECTIVENESS**

Items 3 - 9. The variances in FY 25 are due to changing the measures in the previous year; thus, the numbers are old and do not relate to the current measures.

**PART III - PROGRAM TARGET GROUPS**

Items 1 - 2. The variances in FY 25 are due to changing the measures in the previous year; thus, the numbers are old and do not relate to the current measures.

**PART IV - PROGRAM ACTIVITIES**

No significant variance.

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26					
PART I: EXPENDITURES & POSITIONS RESEARCH & DEVELOPMENT COSTS POSITIONS EXPENDITURES (\$1,000's)  OPERATING COSTS POSITIONS EXPENDITURES (\$1000's)  TOTAL COSTS POSITIONS EXPENDITURES (\$1000's)	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ACTUAL	± CHANGE		%	BUDGETED	ESTIMATED	± CHANGE		%
	43.50	0.00	-	43.50	100	43.50	0.00	-	43.50	100	43.50	0.00	-	43.50	100
	3,697	0	-	3,697	100	0	0	+	0	0	4,237	0	-	4,237	100
	43.50	0.00	-	43.50	100	43.50	0.00	-	43.50	100	43.50	0.00	-	43.50	100
	3,697	0	-	3,697	100	0	0	+	0	0	4,237	0	-	4,237	100
						FISCAL YEAR 2024-25				FISCAL YEAR 2025-26					
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%
PART II: MEASURES OF EFFECTIVENESS															
1. % VITAL RECORDS ISSUED WITHIN 10 DAYS FROM REQUEST						35	NO DATA	-	35	100	35	NO DATA	-	35	100
2. % TARGETED RESEARCH OR STATISTICS REPORTS DISSEM						90	NO DATA	-	90	100	90	NO DATA	-	90	100
3. MORTALITY RATE (PER THOUSAND)						620	NO DATA	-	620	100	620	NO DATA	-	620	100
4. AVERAGE LIFE SPAN OF RESIDENTS						81	NO DATA	-	81	100	81	NO DATA	-	81	100
PART III: PROGRAM TARGET GROUP															
1. DEPARTMENT OF HEALTH PROGRAMS						85	NO DATA	-	85	100	85	NO DATA	-	85	100
2. HAWAIIANS AND OTHER ETHNIC GROUPS						1480000	NO DATA	-	1480000	100	1480000	NO DATA	-	1480000	100
3. VITAL EVENT REGISTRANTS						73500	NO DATA	-	73500	100	73500	NO DATA	-	73500	100
4. ADULT POPULATION 18 AND OVER						1108000	NO DATA	-	1108000	100	1108000	NO DATA	-	1108000	100
PART IV: PROGRAM ACTIVITY															
1. # OF MAJOR HEALTH STATISTICS REQUESTS FULFILLED						85	NO DATA	-	85	100	85	NO DATA	-	85	100
2. # OF VITAL EVENTS REGISTERED						53500	NO DATA	-	53500	100	53500	NO DATA	-	53500	100
3. # OF VITAL RECORD CERTIFICATES ISSUED						150000	NO DATA	-	150000	100	150000	NO DATA	-	150000	100
4. # NEW DATA SETS / STAT ITEMS DISSEM ELECTRONICALLY						22	NO DATA	-	22	100	22	NO DATA	-	22	100

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 05 02  
HTH 760

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**PROGRAM TITLE: HEALTH STATUS MONITORING**

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**PART I - EXPENDITURES AND POSITIONS**

No information was provided by the Department of Health (DOH) on the variances.

**PART II - MEASURES OF EFFECTIVENESS**

No information was provided by DOH on the variances.

**PART III - PROGRAM TARGET GROUPS**

No information was provided by DOH on the variances.

**PART IV - PROGRAM ACTIVITIES**

No information was provided by DOH on the variances.

## VARIANCE REPORT

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25					NINE MONTHS ENDING 06-30-26				
	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	7.50	+	0.00	0	7.50	7.50	+	0.00	0	7.50	0.00	-	7.50	100
EXPENDITURES (\$1000's)	791	828	+	37	5	197	197	+	0	0	594	0	-	594	100
TOTAL COSTS															
POSITIONS	7.50	7.50	+	0.00	0	7.50	7.50	+	0.00	0	7.50	0.00	-	7.50	100
EXPENDITURES (\$1000's)	791	828	+	37	5	197	197	+	0	0	594	0	-	594	100
						FISCAL YEAR 2024-25					FISCAL YEAR 2025-26				
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%
PART II: MEASURES OF EFFECTIVENESS															
1. % ACTIV COMPLTD W/IN ESTAB TMEFRM HI STATE DD PLAN						95	95	+	0	0	95	95	+	0	0
2. % CONSUMER SATISFACTION SURVEYS W/SATISFACTION						90	90	+	0	0	90	90	+	0	0
PART III: PROGRAM TARGET GROUP															
1. ESTIMATE OF PREVALENCE OF INDIVIDUALS W/DEV. DIS.						22619	22619	+	0	0	22619	22619	+	0	0
2. FAMILIES OF INDIVIDUALS WITH DEV. DISABILITIES						22619	22619	+	0	0	22619	22619	+	0	0
3. DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS						70	70	+	0	0	70	70	+	0	0
PART IV: PROGRAM ACTIVITY															
1. # PUB. AWARENESS/ED/TRNG ACT COORD/CONDTD/CO-SPNRD						25	25	+	0	0	25	25	+	0	0
2. # INDIVIDUALS W/DD & FAMILY MEMBERS PARTICIPATING						2000	2000	+	0	0	2000	2000	+	0	0
3. # OF SYSTEMS CHANGE ACTIVITIES						10	10	+	0	0	10	10	+	0	0
4. # LEG MEASURES MONITORED, TRACKED, &PRVD TESTIMONY						20	20	+	0	0	20	20	+	0	0
5. # COUNTY, FED, STATE POLICIES PROVD COMMENT/RCMMNS						5	5	+	0	0	5	5	+	0	0
6. # OF CMMNTY ADVISORY GRPS, COALITIONS, ETC PARTICD						100	100	+	0	0	100	100	+	0	0
7. # INDIVIDUALS W/DD PRTCNG IN SELF-ADVCY ACTIVITIES						1000	1000	+	0	0	1000	1000	+	0	0

## VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 05 03  
HTH 905

**PROGRAM TITLE: DEVELOPMENTAL DISABILITIES COUNCIL**

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

No explanation was provided on the FY 26 variances.

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

No significant variances.

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

No significant variances.

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

No significant variances.

	FISCAL YEAR 2024-25				THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26			
	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ACTUAL	± CHANGE	%	BUDGETED	ESTIMATED	± CHANGE	%
PART I: EXPENDITURES & POSITIONS												
RESEARCH & DEVELOPMENT COSTS												
POSITIONS												
EXPENDITURES (\$1,000's)												
OPERATING COSTS												
POSITIONS	183.00	161.00	- 22.00	12	188.00	161.00	- 27.00	14	188.00	161.00	- 27.00	14
EXPENDITURES (\$1000's)	44,019	36,381	- 7,638	17	7,234	4,066	- 3,168	44	35,490	42,724	+ 7,234	20
TOTAL COSTS												
POSITIONS	183.00	161.00	- 22.00	12	188.00	161.00	- 27.00	14	188.00	161.00	- 27.00	14
EXPENDITURES (\$1000's)	44,019	36,381	- 7,638	17	7,234	4,066	- 3,168	44	35,490	42,724	+ 7,234	20
					FISCAL YEAR 2024-25				FISCAL YEAR 2025-26			
					PLANNED	ACTUAL	± CHANGE	%	PLANNED	ESTIMATED	± CHANGE	%
PART II: MEASURES OF EFFECTIVENESS												
1. % ADMIN COSTS IN RELATION TO TOTAL DEPT COST					1	1	+ 0	0	1	1	+ 0	0
2. # ADMIN BILLS ENACTED					10	15	+ 5	50	10	8	- 2	20
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	1442	+ 0	0
2. # OF PROGRAMS & ATTACHED AGENCIES					24	24	+ 0	0	24	24	+ 0	0
3. # AUTHORIZED POSITIONS (PERM & TEMP)					3195	3195	+ 0	0	3195	3195	+ 0	0
4. # OF KEY COMMUN STAKEHLDRS FOR PHP AND EMERG RESPO					65	75	+ 10	15	65	75	+ 10	15
PART IV: PROGRAM ACTIVITY												
1. # LEG PROPOSALS TRACKED FOR INFO OR TESTIMONY					1200	2000	+ 800	67	1200	2000	+ 800	67
2. # ADMIN BILLS INTRODUCED TO BOTH HOUSE & SENATE					15	22	+ 7	47	15	10	- 5	33
3. # KEY COMMUN STAKHLDRS ENGAG 1+ PHP OR ER ACTIVI					52	75	+ 23	44	52	75	+ 23	44

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 05 04  
HTH 907

## **PROGRAM TITLE: GENERAL ADMINISTRATION**

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

At the end of the FY 25, the expenditure variance at the end of the fourth quarter is due to vacancies.

At the end of the first quarter of FY 26, 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.

outreach and education regarding environmental health precautions, and mental/behavioral health services, and many more activities to support response and ongoing recovery efforts.

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

Item 2. For FY 25, the Legislature cooperated and agreed with Department of Health's priorities. No explanation was provided in FY 26 variance.

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

Item 4. The percentage of Key Community Stakeholders for Public Health Preparedness (PHP) or Emergency Response has a slight increase. Stakeholders participated in all-hazards planning, prevention and mitigation actions, community outreach/education, and other emergency preparedness and response efforts. No explanation was provided in FY 26 variance.

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

Item 1. There are more bills due to the biennium.

Item 2. The Director requested more bills.

Item 3. Number of Key Community Stakeholders engaged in 1+ PHP or Emergency Response activity had slightly decreased as the COVID-19 Pandemic cases declined, but had an uptick in the first quarter of this year due to the Maui County brushfires. Stakeholders engaged in emergency response efforts, including volunteering at shelters, providing personal protective equipment, food, and other wraparound services, supporting healthcare and medical needs, conducting community

## VARIANCE REPORT

	FISCAL YEAR 2024-25					THREE MONTHS ENDED 09-30-25				NINE MONTHS ENDING 06-30-26					
	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)	914	799	-	115	13	107	89	-	18	17	607	536	-	71	12
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)	914	799	-	115	13	107	89	-	18	17	607	536	-	71	12
						FISCAL YEAR 2024-25				FISCAL YEAR 2025-26					
						PLANNED	ACTUAL	± CHANGE		%	PLANNED	ESTIMATED	± CHANGE		%
PART II: MEASURES OF EFFECTIVENESS															
1. % STATE AGENCIES SUBMITG REVISED LANG ACCESS PLANS						80	80	+	0	0	80	85	+	5	6
2. % OF STATE AGENCIES MONITORED FOR COMPLIANCE						95	65	-	30	32	95	70	-	25	26
3. % OF SUBMITTED LANGUAGE ACCESS PLANS						90	95	+	5	6	90	95	+	5	6
4. % OF INCOMING TECHNICAL ASSISTANCE REQUESTS						90	95	+	5	6	90	95	+	5	6
5. % OF LANGUAGE ACCESS COMPLAINTS RESOLVED						90	100	+	10	11	90	100	+	10	11
6. % OF NEW RECRUITED INTERPRETERS COMPLETE TRAINING						90	90	+	0	0	9	95	+	86	956
PART III: PROGRAM TARGET GROUP															
1. STATE AGENCIES + STATE-FUNDED ENTITIES						40	42	+	2	5	40	41	+	1	3
2. LIMITED ENGLISH PROFICIENCY PERSONS & COMMUNITIES						1000	1550	+	550	55	1000	1500	+	500	50
3. INTERPRETERS AND TRANSLATORS						200	195	-	5	3	200	200	+	0	0
PART IV: PROGRAM ACTIVITY															
1. # OF SITE VISITS CONDUCTED FOR COMPLIANCE						300	160	-	140	47	300	150	-	150	50
2. # OF TECHNICAL ASSISTANCE REQUESTS RECEIVED						40	43	+	3	8	40	40	+	0	0
3. # OF INTERAGENCY/COMMUNITY MEETINGS CONDUCTED						24	25	+	1	4	24	24	+	0	0
4. # PUBLIC COMPLAINTS OF LANGUAGE ACCESS VIOLATIONS						5	5	+	0	0	5	5	+	0	0
5. # OF OUTREACH, EDUCATION AND TRAINING CONDUCTED						36	36	+	0	0	36	35	-	1	3
6. # OF MULTILINGUAL MATERIALS DISTRIBUTED						500	1021	+	521	104	500	1000	+	500	100

# VARIANCE REPORT NARRATIVE FY 2025 AND FY 2026

05 05 05  
HTH 908

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**PROGRAM TITLE: OFFICE OF LANGUAGE ACCESS**

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**PART I - EXPENDITURES AND POSITIONS**

The variances in the number of positions for FY 25 and the first three months of FY 26 were primarily due to a relatively small number of full-time equivalent positions, which caused one vacancy to result in a high percentage variance. The position will be opened for recruitment soon.

**PART II - MEASURES OF EFFECTIVENESS**

Item 2. Of 24 State Agencies, the Office of Language Access (OLA) worked with 15 in FY 25. For FY 25 and FY 26, the planned data was inputted in error, but it should be 24.

Item 5. For FY 25 and FY 26, the planned data was inputted in error, but it should be 5. One Language Access Complaint was resolved in FY 25.

Item 6. For FY 26, the planned data was inputted in error. It should be 90 instead of 9.

**PART III - PROGRAM TARGET GROUPS**

Item 2. For FY 25, the actual data was inputted in error, and it should be 1000. If the vacant Program Specialist IV position is filled, estimated FY 26 amounts may be increased.

**PART IV - PROGRAM ACTIVITIES**

Item 1. For FY 25, the actual data was inputted in error. OLA did not have any site visits conducted for compliance. For FY 25 and FY 26, the planned data should be 30 each.

Item 6. For FY 25 and FY 26, the actual data was inputted in error, and it should be 1000. Input Error. If the vacant Program Specialist IV position is filled, estimated FY 26 amounts may be increased.