

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, M.D., M.P.H., M.G.A.
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

December 23, 2024

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-third State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura,
Speaker
and Members of the House of
Representatives
Thirty-third State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report to the Legislature on Initiatives and Improvements in Kalaupapa Settlement and to Track Patient and Non-Patient Costs Separately, Whenever Appropriate and Possible, pursuant to Section 326-25.5, Hawaii Revised Statutes.

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/departement-of-health-reports-to-2025-legislature/>

Sincerely,

Kenneth S. Fink, M.D., M.P.H., M.G.A.
Director of Health

Enclosures

c: Legislative Reference Bureau
Hawaii State Library System (2)
Hamilton Library

REPORT TO THE THIRTY-THIRD LEGISLATURE
STATE OF HAWAII
2025

PURSUANT TO SECTION 326-25.5, HAWAII REVISED STATUTES, REQUIRING THE DEPARTMENT OF HEALTH TO SUBMIT AN ANNUAL REPORT TO THE LEGISLATURE ON INITIATIVES AND IMPROVEMENTS IN KALAUPAPA SETTLEMENT AND TO TRACK PATIENT AND NON-PATIENT COSTS SEPARATELY, WHENEVER APPROPRIATE AND POSSIBLE

PREPARED BY:

STATE OF HAWAII
DEPARTMENT OF HEALTH
DECEMBER 2024

REPORT TO THE LEGISLATURE

IN COMPLIANCE WITH SECTION 326-25.5, HRS

The Department of Health (DOH) submits this annual report to the Thirty-third Legislature, 2025 in compliance with Section 326-25.5, Hawaii Revised Statutes.

In response to an audit conducted during the summer of 2003 (Auditor's Report No. 03-15, Audit of Kalaupapa Settlement Operations and Expenditures), the Hawaii State Legislature statutorily required (Act 232, Session Laws of Hawaii, 2004) the DOH to provide an annual report to the Legislature that addresses the following areas of concern regarding Kalaupapa Settlement:

1. The Department's provision of medical and basic living needs of the patients;
2. The Department's progress toward defining and addressing the non-medical needs of patients;
3. The Department's progress toward promoting a positive living environment;
4. The Department's management of State resources, including benefits given to employees that are not statutorily defined;
5. The Department's progress toward establishing written policies and procedures for the Kalaupapa store;
6. The Department's progress toward establishing and maintaining a complaint file and adequately addressing complaints;
7. The performance of the Administrator, including compliance with job duties;
8. The Department's progress toward adequate accountability of State property; and
9. Details and justification of approved employee air travel requests and trail pay.

This year's report includes additional information that is newly required with regard to Kalaupapa Settlement after passage of Act 118 (GM 1219 - June 28, 2024). In addition to the nine (9) areas listed above, Act 118 amended Section 326-25.5, Hawaii Revised Statutes to require that the DOH provide:

10. "Details and updated information, as available, regarding the permanent transfer to other governmental or qualified non-governmental entities of the powers and duties of the department and any other state agency over Kalaupapa Settlement";
11. "Details including efforts of engagement by the department with Molokai community groups, including the addition of Ka Ohana O Kalaupapa and a nongovernmental organization from the non-peninsular area of Molokai to

be selected by the department in consultation with the non-peninsular area of the Molokai community.”

DOH welcomes the opportunity to provide the Legislature with this update. Note that all the problems identified in the auditor’s December 2004 report were addressed, corrected, and described in the 2005 Annual Report to the Legislature. Subsequent annual reports have provided continuous updates on the listed topics.

1. Provision of medical and basic living needs of the patients

The DOH is mandated under Chapter 326, Hawaii Revised Statutes (Section 326-40, HRS), to provide adequate health care and other services to the Kalaupapa patient residents for the remainder of their lives and those desiring to remain at the facility (Kalaupapa Settlement) shall be permitted to do so for as long as that patient may choose. There are seven (7) living Hansen's disease patients on the Kalaupapa registry. These Kalaupapa patients range in age from 83 to 100 years old with a median age of 89 years.

The Kalaupapa patients have disabilities related to Hansen's disease and many continue to encounter long-term foot ulcers related to nerve damage and the associated loss of sensation. In addition, typical chronic diseases such as diabetes, congestive heart failure, renal failure, hypertension, cognitive impairment, mobility issues, and various types of malignancies afflict this geriatric population.

Pursuant to Section 326-1.3, HRS that ensures that Kalaupapa patient residents "are treated with dignity, respect, courtesy and sensitivity," the DOH's goal has been to keep patients as independent as possible, appropriate to their capacity and capabilities. To achieve this, the Hansen's Disease Branch (HDB) developed several programs to promote independence and maximum functional capacity and provides various levels of patient care. While most patient meals in Kalaupapa are served at the Kalaupapa Care Home (KCH), upon patient request, kitchen and nursing staff prepare and deliver pre-made meals for home consumption, further assisting patients to remain in their homes as long as possible. A contracted dietician provides consultation to individual patients as well as to the care home and kitchen staff to ensure that patients' nutritional needs are met.

In Kalaupapa, those patients that choose to continue living in their own homes will typically visit the KCH on a daily basis for medications, wound care, meals, and socialization with staff and other residents. Medically fragile patients who choose to remain in their homes are issued a medical emergency alert signaler that is worn to alert KCH staff when they get into any situation that might require assistance. To further support the patients who live independently at Kalaupapa, care home, housekeeping and maintenance staff are available to provide house cleaning, help with chores, and light cooking services.

When a patient's care needs increase, they often choose to gradually spend more nights in the KCH with closer staff monitoring and support. To date, this approach has proven to be a very effective option when patients require a transition to more dependent care.

The KCH has five (5) beds and provides care for patients requiring long term, intermediate, and skilled nursing supervision. Currently, two (2) residents reside regularly at KCH, and two (2) residents live in their own residences while receiving regular outpatient care and daily meals at the care home. Physician visits to KCH are scheduled weekly. Should patient concerns require physician consultation between these regularly scheduled visits, staff will make special arrangements for additional physician visits, as needed. When indicated, KCH staff also schedule telehealth consults via DOH's Microsoft Teams accounts. Since the COVID-19 pandemic, telehealth subspecialty consultation and follow up have become standard at the KCH.

New equipment was purchased this year to support patient care, safety, and comfort at KCH, including one (1) all-in-one copier/printer, two (2) recliner chairs, one (1) electrocardiogram (EKG) machine, one (1) vital signs monitor, one (1) centrifuge, one (1) sterilizer, one (1) humidifier, four (4) conference chairs, four (4) memory foam mattresses, and one (1) large screen television for the patient lunch room/lounge.

Patient care is coordinated through a collaborative interdisciplinary approach referred to as the “patient-centered medical home” model. The care team consists of internists, a family practitioner, geriatrician, psychiatrist, dietician, social worker, pharmacist, and the nursing supervisors and staff of the Kalaupapa and Hale Mohalu care homes. A contract with PharMerica ensures that quarterly medication regimen reviews are provided by a consultant pharmacist, and physician services are covered under another contract with University Clinical, Education & Research Associates, dba University Health Partners of Hawaii.

Patient accommodations and care are also provided at the Hale Mohalu Care Home (HMCH) in Honolulu, which has ten (10) beds. In 2023, a Memorandum of Understanding (MOU) was developed between Hansen’s Disease Branch and DOH’s Office of Health Care Assurance (OHCA) to provide for ongoing review of operations at both Hale Mohalu and Kalaupapa Care Homes to assure that standards are in place to protect resident’s health, safety, welfare and civil rights.

Patients often elect to stay at HMCH because they require assistance to access the wider range of medical services offered in Honolulu. Travel arrangements are made by staff and paid for by HD Branch. When necessary, or specifically requested by the patient, care home staff accompany patients throughout their travel for medical services. Arriving Kalaupapa patients are met at the Honolulu airport, transported from the airport and accompanied by staff to their medical appointments. If patients find that more time is needed in Honolulu, they are temporarily accommodated at HMCH.

For patients requiring longer term treatments, rehabilitation, recovery from complex medical procedures or who are diagnosed at the end stages of life, HMCH serves as a familiar “second home” in Honolulu.

This year, two (2) patients resided at the HMCH facility on a long-term basis for a variety of reasons. In addition, HMCH staff coordinate efforts with the Hansen’s Disease Community program to support one (1) patient that continues to live independently in the community. On November 7, 2023, the care home relocated to the second floor of Leahi Hospital’s Young Building.

To support direct patient care, safety, and comfort at HMCH, new shower benches and grab bars were installed in each patient bathroom in the new facility. New equipment was also purchased, including a large screen television for the patient dining room, a new refrigerator, a medical cabinet, an autoclave sterilizer, wheelchair accessible lavatory sinks and an emergency solar-powered generator. The patients and staff report increased comfort in the new facility.

As part of preventive health measures, all inpatient and outpatient residents at KCH and HMCH were fully vaccinated for COVID-19 and have received all booster shots that were recommended, and for which they were eligible, during the current year. All Kalaupapa

patients receive their annual influenza immunizations and annual tuberculosis screenings which are completed for all care home residents and employees.

Patients with acute medical conditions may require air ambulance evacuation due to the geographic isolation of the Settlement and long periods between scheduled commercial flights. The DOH pays for this cost and, as with all medical services for Kalaupapa patients, is the payer of last resort. One medical evacuation was required from Kalaupapa during the past year.

With leadership and special coordination provided by Hawaii Department of Transportation (DOT), several Medevac Exercises have been conducted at Kalaupapa Airport in recent years to simulate the evacuation of a critically injured person at night or in low-visibility situations. These exercises included the demonstration of newly available technologies (helicopter autopilot and night-vision goggles for crew) that make nighttime evacuations possible at Kalaupapa. The goal of these exercises is to assure coordination among all parties that could potentially be involved with a medical evacuation at Kalaupapa, including DOH, NPS, DOT, United States Coast Guard, and two private companies - REACH Air Medical Services and American Medical Response - that provide Maui County's EMS/911 ambulance services.

2. The Department's progress toward defining and addressing the non-medical needs of patients

The HDB Social Worker continues to meet regularly with patients to: (1) discuss and assist with their Physician Orders for Life Sustaining Treatment (POLST), and other legal documents such as durable power of attorney forms, advanced healthcare directives, wills, a variety of banking tasks (transferring investment accounts, adding beneficiaries, obtaining a signature guarantee, signature card), and health insurance issues/billing; (2) provide support for patient medical appointments and attend meetings with doctors, as needed; (3) coordinate care and work with patient families; and (4) purchase equipment and supplies for the facility or the patient's personal use. This year, the Social Worker has been working with several patients to complete the process of applying for, and obtaining identification documents that will be required in the near future for all air travel. Beginning May 7, 2025, Phase 4 of the federal REAL ID Act will require all passengers who plan to board a federally regulated commercial aircraft to present a REAL ID with a gold star or a valid passport.

In addition to medical services described in Section 1, all Kalaupapa patients are provided with ancillary services, such as transportation, and medical devices. These include wound care supplies, hearing aids, dental services, eyeglasses or contact lenses, prostheses, orthotics, shoes, oxygen concentrators and wheelchairs.

Most of the patients' basic living needs are provided by the DOH. Care and residence at KCH or HMCH are provided to all patients free of charge. Water in Kalaupapa is provided by NPS and electricity is provided by DOH. All patient residents of Kalaupapa receive a \$45.00 per week food credit to purchase goods from the Kalaupapa store. All patients also receive a quarterly \$30.00 cash allowance and a semiannual \$70.00 clothing allowance. For those patients without any third-party medical insurance, DOH pays their Medicare Part B premiums to save on medical costs, and Medicare Part D premiums to save on drug costs, as well as all co-pays, and other extraneous medical costs.

In 2004, a patient household appliance replacement program was initiated to address this audit identified issue. The appliance replacement program was developed after surveying the patients for their input as to how the program should be run. This year, one washing machine, one dryer, one stove, one microwave and one air conditioner were replaced for two patients.

3. The Department’s progress toward promoting a positive living environment

DOH Maintenance, Construction and Housekeeping staff completed a variety of regular building maintenance projects (e.g., painting, minor structural repairs, electrical/plumbing repairs, repairs of equipment and general building upkeep) at KCH and individual patient residences in Kalaupapa this year.

Patient homes in Kalaupapa are remodeled or repaired as needed to accommodate any limited mobility or diminished physical functioning of the residents. This year, no patient homes in Kalaupapa required major remodeling, however, as with KCH, a variety of regular maintenance and repair work was required for doors, door locks, windows, screens, lights, cabinets, plumbing, a garage roof, and sidewalks. Throughout the year, staff performed regular yard maintenance, assisted with pest control issues (e.g., ants, bees, wasps) and occasionally helped patients with tasks such as moving furniture or other bulky household goods.

HDB continues efforts to develop a Memorandum of Understanding (MOU) with the DLNR’s State Historic Preservation Division (SHPD). Once finalized, the MOU is expected to outline architectural and archaeological guidelines that will facilitate the timely review of repair and construction projects for historic buildings in Kalaupapa.

DOH has long provided a formal venue for two-way communication with patients and Kalaupapa community members at regular community meetings. DOH installed two community bulletin boards, located at the Settlement Administration Office and the Kalaupapa Store to ensure maximum public exposure and access, and to provide the latest information about current issues in Kalaupapa.

Finally, DOH appreciates recent Legislative support of Capital Improvement Project (CIP) requests at Kalaupapa. Funding was approved by the Legislature in FY23 to address important large project expenses that are beyond the scale of the Department’s current patient care operating budget. The status of the currently funded CIPs is outlined below.

		DAGS Public Works Division			
		CIP FUNDING	BID DATE	LOW BID	STATUS
1	CLOSE LANDFILL DAGS JOB NO. 13-20-2714	\$7,200,000	6/6/24	\$9,542,377	Notice of Insufficient Funds
2	RE-ROOF CARE HOME DAGS JOB NO. 13-20-2720	\$945,000	8/29/24	\$1,159,360	Notice of Insufficient Funds
3	REMOVE GAS STATION USTs DAGS JOB NO. 13-20-2748	\$580,000	2/17/23	\$400,000	Awarded
4	HAZ. MAT. REMEDIATION DAGS JOB NO. 13-20-2754	\$540,000	10/16/24	\$540,000	Awarded

In addition to these current CIPs, DOH will request additional funding to support several large projects that will address a variety of concerns. These anticipated projects are outlined in the table below.

	PROPOSED PROJECT DESCRIPTION	Est. cost
1	<p>ASSESSMENT: KALAUPAPA HISTORIC LANDFILL REMEDIATION/CLOSURE Request is for funding to assess and develop a plan/cost estimates for work that will be required to remediate and close the historic abandoned Kalaupapa landfill located to the west of the Settlement along the shoreline at 'Awahua Beach.</p> <p>The site is located on the tract of land that is owned by the Department of Hawaiian Home Lands (DHHL). The site location is also within the parcel that is leased by DHHL to the National Park Service (NPS) for the purpose of managing Kalaupapa National Historical Park.</p> <p><i>* The plan and cost estimates developed through this project will provide the basis for a future State CIP funding request that will be required to complete all necessary remediation and closure efforts.</i></p>	* \$1,000,000
2	<p>ASSESSMENT: KALAUPAPA STRUCTURAL BUILDING REPAIR NEEDS This project will assess the need for structural repairs (carpentry, electrical, plumbing, etc.) and remediation of approximately 100 structures currently managed by the Department of Health. Due to declining patient numbers and the resultant decreases in staffing, a growing number of these structures are no longer used regularly.</p> <p><i>* The plan and cost estimates developed through this project will provide the basis for a future State CIP funding request that will be required to complete all necessary structural repair efforts.</i></p>	* \$1,000,000
3	<p>ASSESSMENT: KALAUPAPA CARE HOME WASTEWATER SYSTEM AND KALAUPAPA SETTLEMENT CESSPOOLS Request is for funding to:</p> <ul style="list-style-type: none"> a. ASSESS the status of the wastewater system that currently serves the Kalaupapa Care Home and develop a plan and cost estimates for repairs or upgrades needed to accommodate future use of the facility. b. IDENTIFY the locations of an unknown number of smaller volume cesspools in Kalaupapa Settlement and develop a plan and cost estimates for the work that will be needed to close, upgrade, convert or connect remaining cesspools to a sewerage system. <p><i>* The plans and cost estimates developed through this project will be used by DOH HD Branch to develop a future CIP request to upgrade the Care Home's wastewater system and to complete all required cesspool closures, upgrades, conversions and connections.</i></p>	* \$1,000,000
4	<p>INSTALL SYNTHETIC COVER LAYER – MUNICIPAL SOLID WASTE LANDFILL Request is for funding to install a synthetic cover layer over the provisionally closed Municipal Solid Waste (MSW) landfill located at Kalaupapa Settlement, Kalawao County, Island of Moloka'i. The MSW landfill was provisionally closed in 2016, but due to poor weather conditions and animal foraging on the site, organic plantings (various grasses) have not yet been established that would anchor and preserve the landfill's soil cover layer. A synthetic cover layer for the C&D landfill is already included in the plan for the currently funded CIP (DAGS JOB NO. 13-20-2714) that will close the C&D landfill.</p>	\$3,000,000
5	<p>REMOVE ABANDONED VEHICLES AND OTHER WASTE In a recent survey, DOH and NPS staff identified approximately 100 abandoned vehicles, in various stages of decay and disrepair, scattered throughout Kalaupapa that need to be removed. The removal of this number of vehicles will involve a multi-year project – with coordinated efforts of DOH, NPS, and DHHL - that periodically transports smaller groups of vehicles out of the Settlement via the annual barge.</p>	\$6,400,000
	ESTIMATED TOTAL	\$12,400,000

4. The Department's management of state resources, including benefits that are given to employees that are not statutorily defined

The DOH continues to manage State resources according to the State's policies and procedures for purchasing goods and services, expending goods, and disposing of expired durable goods as originally described in the 2005 Legislative Report.

No new benefits that are not statutorily defined have been given to the Kalaupapa employees during the past fiscal year.

5. The Department's progress toward establishing written policies and procedures for Kalaupapa store

In response to deficiencies identified in the 2003 audit, the Kalaupapa store developed policies and procedures in January 2004 to dispose of inventory that expired or was deemed unsellable. The audit identified the lack of written policies and procedures for the disposal of inventory at the Kalaupapa store as contributing to an appearance of potential abuse.

The inventory management policy specifies "first in, first out" utilization of inventory. Quarterly inventory counts are used to reconcile the actual inventory on hand with the database and are used to determine annual purchase projections for each store item. Accurate annual usage data provides the basis for more precise ordering and decreased overages for any given item. According to the store's policies and procedures, all disposals are requested by the store supervisor, authorized by the Kalaupapa Administrator, and witnessed and signed off by two other employees at the time of actual disposal.

During FY 24, store purchases totaled \$42,181 and \$6,210 worth of store goods were disposed of due to spoilage, expired sell dates, insect infestation or damaged containers.

6. The Department's progress toward establishing and maintaining a complaint file and adequately addressing complaints

Both the HD Branch Administration and the Kalaupapa Administrative Office set up a formal complaint process as of January 2004. All complaints are logged with the date received, how the complaint was received (e.g. phone call, letter), nature of the complaint, what actions were taken and when the actions were taken. All complaints are followed up by a written response or a follow up phone call to the person that filed the complaint. Administration Office staff are available during normal operating hours to receive, record and address any in-person complaints or concerns of patients and other residents.

Regular monthly meetings of the Kalaupapa Patient Advisory Council (KPAC) have been held within the Settlement since June 2003 to provide a specific opportunity for patients to discuss and comment on all aspects of the Settlement's operations. The meetings were temporarily halted during the pandemic to reduce opportunities for the potential spread of COVID within the Settlement.

The KPAC meetings are held in the KCH to promote greater convenience for patients and are attended by DOH staff, including the HD Branch Chief, the Branch's Administrative

Officer and the Kalaupapa Administrator so that patients can directly communicate with Kalaupapa leadership. DOH's Communicable Disease and Public Health Nursing Division Chief and the Director of Health also periodically attend KPAC meetings.

Administration staff continues to maintain an "open door policy" and to conduct regular outreach to all Kalaupapa patients, prioritizing monthly visits to discuss and address individual patient concerns.

7. The performance of the administrator, including compliance with job duties

In July 2023, the individual that served as Kalaupapa Administrator since May 2016 retired. During his tenure, he performed capably under severe budgetary constraints as well as significant staff shortages. In addition, he helped steer the community through the COVID-19 pandemic. Patients commented favorably on his performance, and he developed and maintained a positive working relationship with the NPS Superintendent and staff.

In January 2024, a new Settlement Administrator was hired and has diligently oriented himself to the patients, staff, community and the other government agencies that are involved in Kalaupapa's management. In this initial year of work, the new Administrator has been busy 1) organizing staff to address an abundance of facility maintenance and repair projects, 2) building relationships with NPS Superintendent and staff, 3) establishing management priorities, and 4) assisting in the recruitment and on-boarding of employees to address the Settlement's ongoing staff shortage. During this initial year, the new Administrator has been assisted through the many administrative challenges by the HD Branch Chief, who has over 20 years of experience in the Branch, as well as the HD Branch Administrative Officer and HD Branch Planner, who both gained on-the-ground management experience at Kalaupapa when they were temporarily assigned administrator duties after the previous administrator's retirement.

8. The Department's progress toward adequate accountability of state property

Inventory control policies that were developed and implemented in June of 2004 have been utilized effectively since. All new State property brought in on the barge is affixed with a decal. The State employee delivering the item must report the item/description, decal number, and location delivered to the administration office while the receiving party must sign the item to acknowledge receipt. All State property shipped out on the barge for disposal must have a State-approved Disposal Application Form (DAGS form) and be logged on the Kalaupapa Administration Office's Outgoing Barge Form to facilitate inventory control.

9. Details and justification of approved employee air travel requests and trail pay

Each bargaining unit contract contains a specific article that allows a Kalaupapa employee whose permanent residence is on "topside" Molokai, and who is provided quarters in Kalaupapa as a matter of convenience be granted either three roundtrips by air per month, or two hours of travel pay for walking up and down the trail once a week to topside. Employees whose permanent residence is in Kalaupapa will be granted one roundtrip by air to topside each month or in lieu of the three round trips to topside, an employee may take one inter-island round trip per quarter.

Employee air travel procedures that were modified, implemented, and reported in the 2005 Legislative Report continue to be utilized. All employee requests for air travel reimbursement must be substantiated by a valid airline receipt. In addition to submitting the receipt, the employee must also complete and sign a reimbursement application at the end of each month for that month's travel. These reimbursement requests are then sent to the Branch Office for review and approval by the administrative officer. The paperwork is forwarded through the DOH's Administrative Services Office for submission to the DAGS to generate the reimbursement check.

During FY 24, the DOH expended \$7,129 for employee authorized trail/air travel pay.

PATIENT AND NON-PATIENT COSTS

Act 232, SLH 2004, amended Section 326-13, HRS on expenses at Kalaupapa, to include a new subsection (b) in which "expenses related to patients shall be tracked separately from non-patient costs, whenever appropriate and possible." There were several costs that could be tracked separately, but most of the costs for Kalaupapa could not be separated.

The following is a summary of expenses that were tracked or that could be readily calculated.

<u>Patient Expenses for FY 24:</u>	<u>COST (\$)</u>
Home Care Staff Salaries	154,270
Home Care Staff Overtime	8,371
Medications	26,793
Miscellaneous Medical Supplies	84,431
Medical & Ancillary Services	19,480
Medical Insurance Premiums (Medicare, etc.)	9,404
Medicare Reimbursement	5,356
Nursing Facility Staff Salaries	871,893
Nursing Facility Staff OT	96,494
Patient Employee Program Salaries	11,256
Physician Services	98,178
Travel Cost for Medical Care	5,446
Dietary & Nutrition Services	6,152
Physical Therapy Services	765
Cash Food Allowance	2,330
Food Rations (\$45 per patient per week drawn at the store)	10,717
Meals (5,001 @ \$5.00 ea.)	25,005
Clothing Allowance (\$70 per patient per 6 months)	1,120
Cash Allowance (\$30 per patient per quarter)	1,050
Patient Employee Program Pensions	27,730
Appliances (washers, refrigerators, and stoves)	9,739
Stamped Envelopes (10 per patient per month)	0

<u>Non-Patient/Employee Expenses for FY 24:</u>	<u>COST (\$)</u>
Trail Pay/Air Travel	7,129
Employee Meal Stipends	16,200
Salaries (Admin, Food Services and Const. & Maintenance)	781,032
Overtime (Admin, Food Services and Const. & Maintenance)	14,317
Standby Pay	7,790
Employee Safety Equipment Cost (steel toe shoes, gloves, goggles, respirators, scaffolds/harness, etc.)	2,641
Store Disposals	6,210

**As of the FY24 annual report, only actual expenditures will be reflected.
Encumbrance balances were included in previous year reports.*

Expenses that would be difficult to track as either patient or non-patient include:

- Administrative/clerical Services: labor cost, supplies, facility maintenance, and utilities
- Housekeeping Services: labor cost, supplies, facility maintenance, utilities, and equipment
- Food Services: labor cost, supplies, facility maintenance, equipment cost and maintenance, and utilities
- Kalaupapa Store: labor cost, supplies, facility maintenance, utilities, shipping, and spoilage
- General Construction and Maintenance Services: labor cost, supplies, facility maintenance, utilities, equipment cost and maintenance
- Electricity Cost: (State buildings are not metered, and one bill is generated)
- Trash Pickup and Landfill Operations
- Upkeep of Common Areas

In all the above examples, the DOH staff provided services for patients, staff, visitors, and in some cases, the NPS. It is difficult to separate most costs in Kalaupapa and would require great cost in time, energy, and staffing with questionable accuracy. As an example, the Housekeeping Unit provides janitorial and housekeeping services for the nursing facility, State offices, community buildings, and all the Visitors' Quarters. The community building and Visitors' Quarters are used by patients and non-patients daily. Assigning costs for supplies used, cost of utilities, facility or building maintenance, and equipment purchased or used is not feasible.

The General Construction and Building Maintenance Units provided general construction and maintenance services and were responsible for repair and maintenance of all buildings within the Settlement. Painting, carpentry, common area yard maintenance, vehicle repair and maintenance, garbage pickup, and landfill operations were subunits under the two units. As in the previous example above, all subunits would have to be evaluated making assignment to either a patient or non-patient category difficult. In order to separate patient and non-patient cost, each activity would have to be evaluated separately to assign a cost estimate rather than actual costs in most cases.

DOH is greatly appreciative for the opportunity to share with the Hawaii Legislature all the

actions it has taken to address the auditor’s report and improve the quality of life for the patients of the Kalaupapa Settlement.

10. Information regarding permanent transfer of the powers and duties of the Department over Kalaupapa Settlement

The primary powers and duties of the Department over Kalaupapa Settlement are defined in Section 326, Hawaii Revised Statutes. These powers and duties were assigned so that the Department could effectively “promote and protect the personal liberty, autonomy, and dignity of all patient residents at Kalaupapa” as mandated per HRS §326-1.3(b).

Kalawao County is located on the north shore of the island of Moloka’i and is defined in both HRS §4-1(2)(F) and §326-34(a) generally as “that portion of the island of Moloka’i known as Kalaupapa, Kalawao, and Waikolu, and commonly known or designated as the Kalaupapa Settlement...”

Until patient care is no longer required at Kalaupapa, the Department of Health will maintain jurisdiction and control over Kalawao County – as described in HRS §326-34(b) – and continue requiring that all visitors obtain written permission of the Director of the Department of Health prior to their arrival – as described in HRS §326-26, and as implemented through the Department’s long established “visitor permitting” procedure.

When the Department’s patient care role at Kalaupapa ends, Department permission will no longer be required for visitors, but since the boundaries of Kalaupapa National Historical Park (KNHP) are the same as Kalawao County (“coterminous”), all general visitors would then be subject to National Park Service guidelines regarding visitors that are outlined in the Kalaupapa National Historical Park [General Management Plan](#) and [Superintendent’s Compendium](#). The Compendium outlines the Park’s guidelines regarding visiting hours, public use limits, closures, and area designations and applies to all lands and waters administered by the National Park Service within the boundaries of Kalaupapa National Historical Park.

Additional operational tasks currently managed by DOH will be transferred to the National Park Service or the State landowners (DLNR and DHHL) when the patient care role ends. For further details and an estimated timeline, please see Attachment – DOH’s Kalaupapa Transfer Plan.

11. Report on community engagement efforts with community stakeholders and the Molokai community

In Spring/Summer 2024, the Department completed the design and launched a public facing “Kalaupapa Updates” website (<https://health.hawaii.gov/kalaupapaupdates/>) in an effort to provide a convenient “one-stop” location to access important information about Kalaupapa. The site includes:

- a brief history of Kalawao County and the Kalaupapa Settlement;
- a timeline of “transfer” activities and events, that begins in 1969 with the repeal of provisions of State law that had required the segregation of individuals with Hansen’s Disease;
- a detailed listing of government agencies involved at Kalaupapa and their roles;

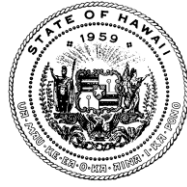
- a table that outlines current operational tasks and responsibilities for government agencies at Kalawao County and Kalaupapa;
- downloadable copies of the most recent annual reports the Department has submitted to the Legislature (2018-2024), as required by HRS 326-25.5, (all prior year reports should be available through the Hawaii Legislature website);
- downloadable copies of government plans and intergovernmental agreements for Kalaupapa, and;
- links to government laws and rules that guide the management of Kalawao County and the Kalaupapa Settlement.

This website is updated with additional information as available.

On October 5, 2024, the Department, in partnership with the Department of Hawaiian Home Lands (DHHL), Department of Land and Natural Resources (DLNR), Department of Transportation (DOT) and the National Park Service (NPS), hosted a Kalaupapa Informational Briefing at Kaunakakai Elementary School on Moloka'i. Members of the public with an interest in Kalaupapa were encouraged to attend.

At this meeting, representatives from DOH, DHHL, DLNR, DOT and NPS shared information about their current roles and responsibilities in Kalaupapa and Kalawao County and how they are working together to support the patients and steward this special place. The Department posted full meeting video and presentation slides on the Department's Kalaupapa Updates website so that the information can be shared with those who were unable to attend the meeting in-person.

Representatives from DOH intend to continue participation in stakeholder meetings organized by Maui County Councilmember Keani Rawlins-Fernandez and Representative Mahina Poepoe.



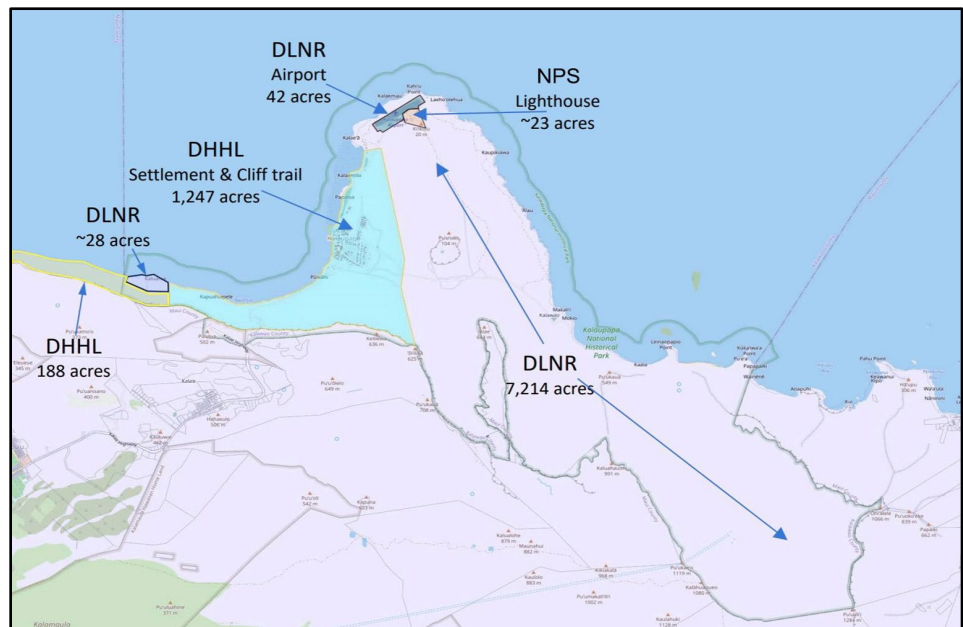
JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA 'O HAWAII'

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

Kalaupapa Transfer Plan
November 2024

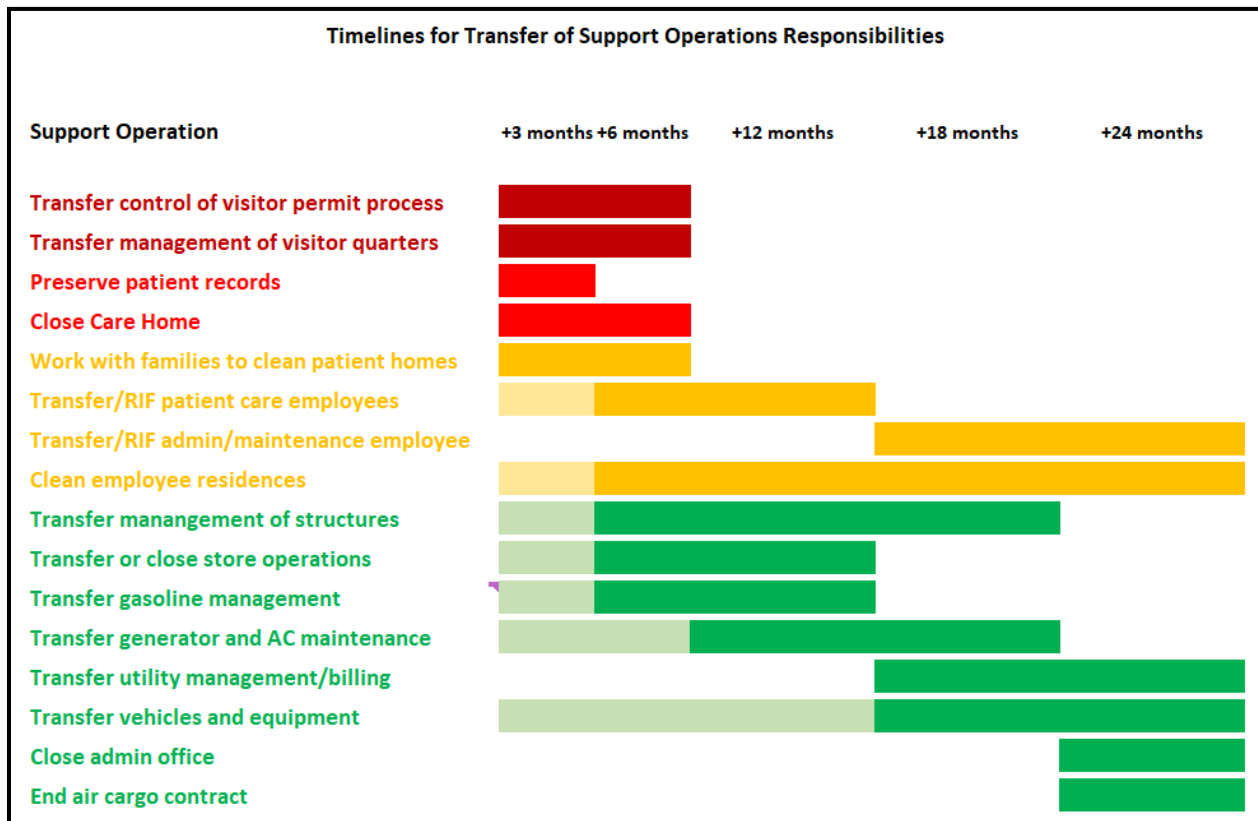
Kalaupapa National Historical Park (outlined in green in map below) was created by the U.S. Congress in 1980 and is managed by the National Park Service (NPS). "[Kalaupapa National Historical Park](#) honors the mo'olelo (story) of the isolated Hansen's disease (leprosy) community by preserving and interpreting its site and values. The historical park also tells the story of the rich Hawaiian culture and traditions at Kalaupapa that go back at least 900 years." NPS has a [cooperative agreement](#) with the State of Hawaii Department of Land and Natural Resources (DLNR) for conservation and land management purposes that expires in 2029, and it has a [lease](#) with the State of Hawaii Department of Hawaiian Home Lands (DHHL), upon which the Kalaupapa settlement is located, to utilize its land to advance the purpose of the Kalaupapa National Historic Park that expires in 2041.



Prior to the creation of the Kalaupapa National Historical Park, Kalawao County was established and placed under the control and jurisdiction of the State of Hawaii Department of Health (DOH) as described in [Hawaii Revised Statutes §326](#). DOH has a mission to provide care for patients who had Hansen's Disease and administers operations to support the care of patients there such as utilities, maintenance, and supplies. These general support operations also support the NPS mission at Kalaupapa National Historical Park. DOH has operated under a [cooperative agreement with NPS](#) since 1984, and the two parties have been collaborating to gradually transfer responsibility of support operations from DOH to NPS.

When DOH's patient care mission at Kalaupapa National Historical Park concludes, it will begin the final transfer of its responsibilities in Kalaupapa to NPS based on the estimated timeline below. This timeline

represents the key activities that DOH anticipates embarking on when the Department’s patient care role at Kalaupapa ends but is not intended as an exhaustive list. Additions and changes are expected.



*Support operations are grouped by category.
 **Lighter colors indicate the timeline of planning and preliminary efforts for that operation with bright colors indicating estimated official start of that activity.

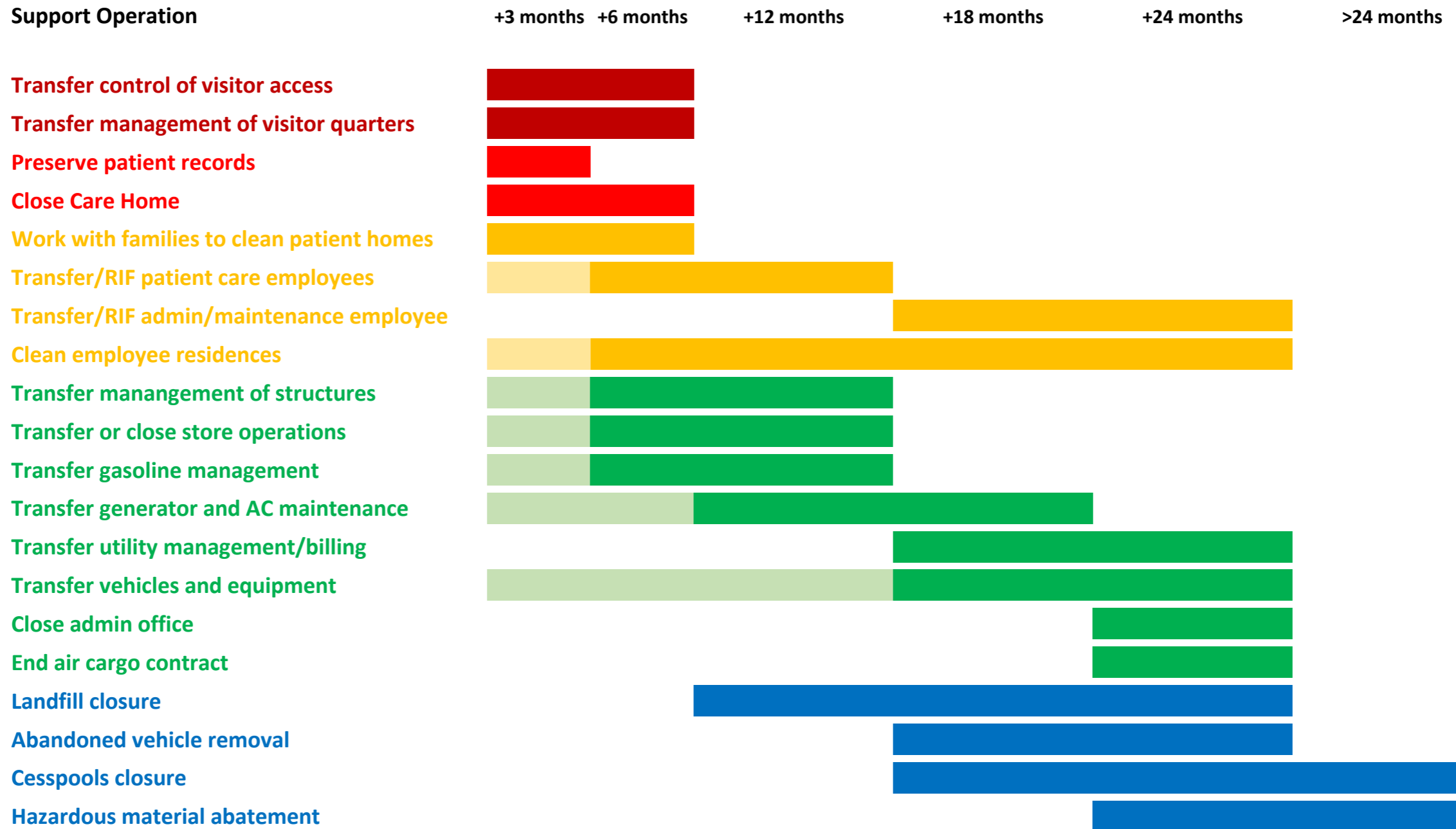
DOH will maintain responsibility for environmental remediation until completion. The timing is dependent on the availability of funding. The currently identified projects are:

- Applying synthetic cover to closed municipal solid waste (MSW) landfill
- Closing the construction and demolition (C&D) landfill
- Reroofing the care home building and the storage warehouse
- Coordinating with NPS and DHHL on abandoned vehicle removal
- Cesspools closure
- Hazardous material identification and abatement

The cooperative agreement between NPS and DLNR as well as the lease between NPS and DHHL will continue beyond DOH’s role in managing Kalaupapa Settlement/Kalawao County, and NPS will continue to manage the Park for the foreseeable future under the guidance outlined in its [General Management Plan \(2021\)](#). Should a landowner seek to change the use of its land in the National Historical Park, this would be negotiated between the landowner and NPS.

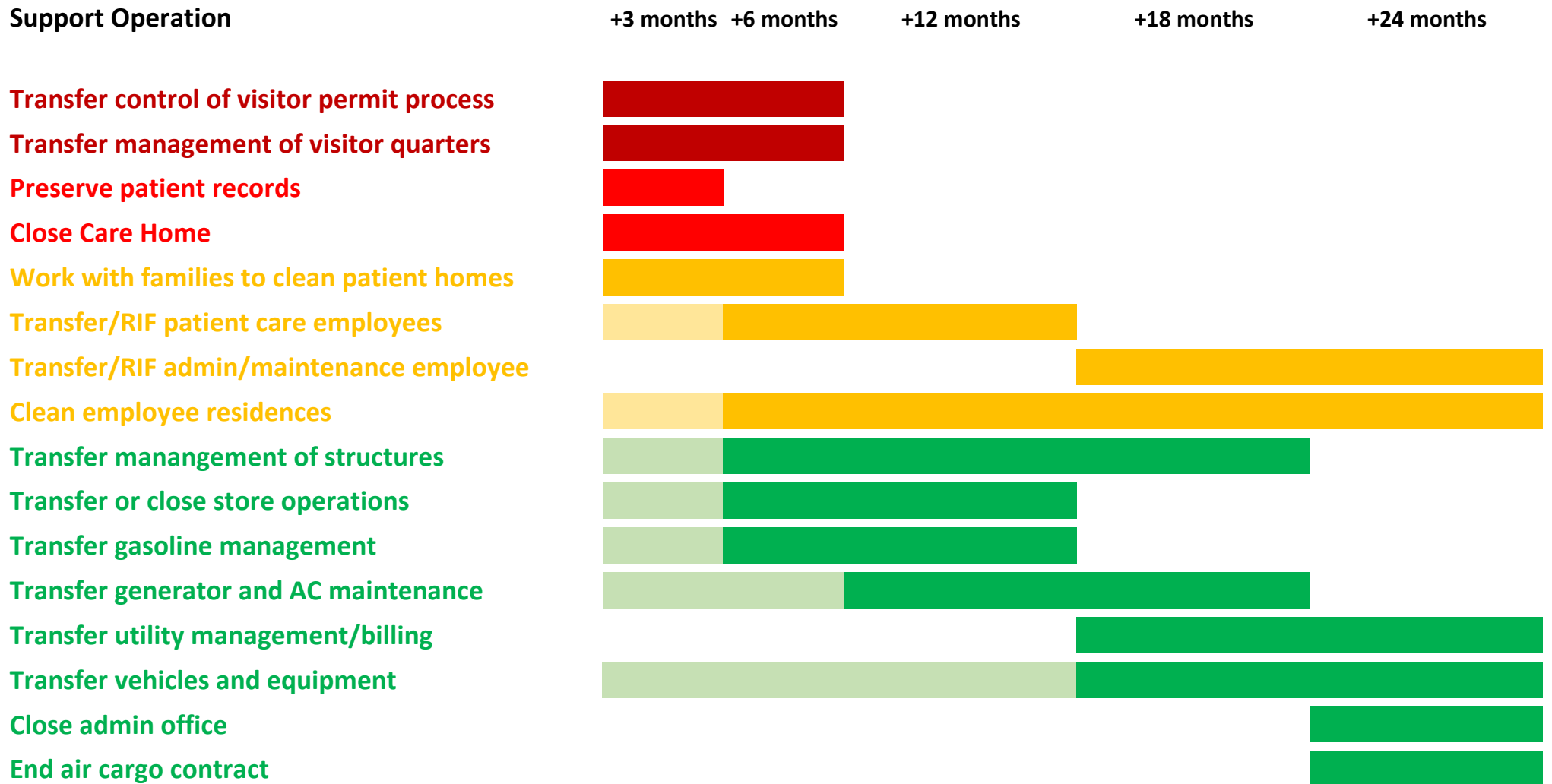
DOH will continue to work closely with all stakeholders to ensure a smooth transfer of its responsibilities at Kalaupapa and will frequently review and update this plan as conditions change.

Timelines for Transfer of Support Operations Responsibilities



This timeline represents the key activities DOH anticipates embarking on when the patient care mission at Kalaupapa National Historical Park conclude. It is not intended as an exhaustive list. Additions and changes are expected in this dynamic situation.

Timelines for Transfer of Support Operations Responsibilities



Support Operations are grouped by category.

Lighter colors indicate the timeline of planning and preliminary efforts for that operation with bright colors indicating estimated official start of that activity.

This timeline represents the key activities DOH anticipates embarking on when the patient care mission at Kalaupapa National Historical Park concludes. It is not intended as an exhaustive list. Additions and changes are expected in this dynamic situation.