STATE OF HAWAII
DEPARTMENT OF HEALTH

BRIEFING PRESENTED TO THE

SENATE COMMITTEE ON HEALTH

FRIDAY, JANUARY 18, 2008
STATE CAPITOL
Room 016
1:15 pm to completion

ATTACHMENTS

1- 6 and 9-10

EXECUTIVE SUPPLEMENTAL BUDGET FY 2009
Department of Health
Agenda

	Prog. ID
Department of Health – Overview	
Environmental Health	
Environmental Health Services	HTH 610
State Laboratory Services	HTH 710
Environmental Management	HTH 840
Environmental Health Administration	HTH 849
Office of Environmental Quality Control (OEQC)	HTH 850
Health Resources	
Communicable Disease Services	HTH 100
Disease Outbreak Control	HTH 131
Dental Diseases	HTH 141
Family Health Services	HTH 560
Community Health Services	HTH 580
Health Resources Administration	HTH 595
Emergency Medical Services & Injury Prevention System	HTH 730
Behavior Health	
Adult Mental Health – Outpatient	HTH 420
Adult Mental Health – Inpatient	HTH 430
Alcohol & Drug Abuse	HTH 440
Child & Adolescent Mental Health	HTH 460
Behavioral Health Administration	HTH 495
Developmental Disabilities	HTH 501
General Administration	
Tobacco Settlement	HTH 590
Health Care Assurance	HTH 720
Health Status Monitoring	HTH 760
General Administration	HTH 907
Administratively Attached Agencies	
Disability and Communications Access Board (DCAB)	HTH 520
Executive Office on Aging (EOA)	HTH 904
Developmental Disabilities Council (DDC)	HTH 905
State Health Planning and Development Agency (SHPDA)	HTH 906

EXECUTIVE SUPPLEMENTAL BUDGET OVERVIEW
DEPARTMENT OF HEALTH
FY 2008-2009

Thank you for the opportunity to present the Department of Health's supplemental budget request for FY 2008-09. The Department continues to face numerous challenges in mental health, developmental disabilities and emergency preparedness. We have worked hard to meet these challenges to improve the overall health of the people of our state and to prepare our state for various emergency situations.

With the Legislature's continuing support, we have accomplished much in improving our mental health system statewide. However, the number of consumers with severe and persistent mental illness continues to increase. The number of adult consumers increased from 12,200 in FY 06 to 14,492 in FY 07. We have been and continue to evaluate our service delivery system and program operations to achieve operational efficiencies.

Similarly, in the developmental disabilities program, the number of clients continues to increase by about 200 clients each year. Further, the federal matching assistance percentage (FMAP) decreased from 57.55% to 56.50% effective October 1, 2007. This means that our state match requirement increases by 1.05%. Also, the year-end average cost per client (APC) increased from $38,414 to $39,188. These factors all contribute to the need for additional resources to serve the developmentally disabled.

Preparedness response is also an integral part of maintaining a safe and healthy environment for our communities throughout the state. Our department has worked hard to develop and implement response plans to ensure that our state will be ready to respond to any and all types of emergency situations. Recently, Hawaii scored 9 out of 10 in a national report rating each state's level of preparedness to handle disease outbreaks, bioterrorism attacks or other public health emergencies. Our state was one of sixteen states that were rated adequate in 9 out of 10 categories. Only seven states were rated adequate in all 10 categories.

Our department is dedicated to its vision: "Healthy People. Healthy Communities. Healthy Islands."

With this brief overview in mind, the following are the DOH's budget summary information, excluding the Hawaii Health Systems Corporation.

Department-Wide Budget Summary Information

1. **Totals for department FY 08 budget with restrictions (where applicable) and emergency requests and FY 09 proposed operating budget adjustments by means of financing.**

   See Attachment 1.

2. **Identify any emergency requests (by title and amount) that your department will be seeking for the current fiscal year.**

   See Attachment 2.

3. **Provide a summary of your FY 09 proposed operating budget adjustments by Program ID.**

   See Attachment 3.

4. **Provide a description of all FY 09 proposed operating budget adjustments by Program ID.**

   See Attachment 4. Please refer to Attachment 6 for brief descriptions of the budget requests.

5. **Provide a listing of all FY 09 capital improvement projects.**

   See Attachment 5.

6. **Briefly discuss specific budget adjustments of concern for your agency.**

   The major budget adjustments of concern to the DOH include the requests for the Adult Mental Health Division (AMHD), the Developmental Disabilities Division (DDD), and the Emergency Medical Services and Injury Prevention Systems Branch (EMSIPSB).

   AMHD

   In order to continue to provide the existing mental health services necessary to meet the needs of their expanding eligible population and to continue funding the required services developed during the current fiscal year, the AMHD is requesting a FY 08 emergency appropriation of $10,000,000 for FY 08. This emergency appropriation is needed due to the continued increases in the number of clients served, the expected decrease in Medicaid reimbursements and operational deficits at the Hawaii State Hospital (HSH).

   For FY 09, the AMHD is requesting:

   - Additional general funds of $10,000,000 for purchase of service (POS) contracts to provide services for adults with severe and persistent mental illness. These POS services will allow for individuals to be diverted and discharged from the Hawaii State Hospital (HSH). The diverting and discharging of individuals from the HSH will assist the hospital in managing their census and allow for the admission of individuals who are court ordered to the HSH.

- The HSH is requesting additional general funds to cover increases in sewer fees ($209,873).

- Two CIP general obligation bond requests for HSH – (1) $3,406,000 for the design and construction of a psychiatric intensive care unit and secure residential facility; and (2) $3,000,000 for repairs and improvements to various buildings.

DDD

For FY 09, the DDD is requesting:

- An additional $1,224,206 in general funds as waiver match for the Home and Community-based Services (HCBS) waiver program as well as increases in their interdepartmental transfer ceiling (U-fund ceiling) of $1,659,671 to receive the federal reimbursement for the HCBS from the Department of Human Services.
- Subsequent to the above, an additional $1,194,301 in general funds and a decrease of $1,194,301 in its U-fund ceiling. This was necessary to cover the increase in general fund match required for the HCBS waiver program due to the recent reduction in the federal matching assistance percentage (FMAP) effective October 1, 2007.

EMSIPSB

The EMSIPSB is requesting a FY 08 emergency appropriation of $1,807,539 in general funds to cover the negotiated collective bargaining increases for the emergency ambulance services contract with the City and County of Honolulu.

For FY 09, the EMSIPSB is requesting:

- $4,159,533 in general funds to provide additional funds for collective bargaining increases for the emergency ambulance services contracts for Oahu, Hawaii, Kauai, Maui, Molokai and Lanai
- An increase of $507,190 to the Emergency Medical Services Special Fund ceiling for FY 09 to meet additional funding requirements for the emergency ambulance contracts for Maui and Kauai counties due to collective bargaining and operational increases and to meet funding requirements for an emergency medical technician training stipend program.
- To establish a $6,882,307 ceiling for the Trauma System Special Fund and to establish two temporary positions to develop and implement the statewide trauma system.

7. **Provide a summary of your department's request to the Department of Budget and Finance, the funding decisions made by the Department of Budget and Finance, and the funding decisions finalized by the Governor.**

See Attachment 6 which reflects our department's request to the Department of Budget and Finance and the Governor's funding decisions. It is noted that during this supplemental budget process, we were only notified of funding decisions finalized by the Governor.

8. **Explain the process used to identify priorities (requests for additional operating and capital improvement program funding) for your department including which category the requests for additional funding fall into: a) program initiatives of the Governor, b) certain unavoidable fixed costs and entitlements, or c) on-going critical programs which lack continued funding.**

The department's budget was prioritized based on the following criteria:

- Court-ordered requirements (Department of Justice, Felix, Makin)
- Statutory mandates (e.g. IDEA, Mangrobang)
- Health/safety
- Governor/Department/Community initiatives

The budget requests for the AMHD (HTH 420 and HTH 430) and DDD (HTH 501) programs are needed to meet court-ordered requirements. The budget requests for the EMSIPSB (HTH 730) are necessary to meet health and safety requirements.

The Capital Improvement Projects budget requests are all categorized as health and safety projects.

9. **Discuss how requests for additional operating and capital improvements program funding were prioritized and discuss the manner in which community, departmental, and legislative input was gathered and utilized to determine priorities.**

Due to the short deadlines in formulating the supplemental budget, adequate time was not available to obtain widespread community and legislative input in determining priorities.

10. **Briefly discuss what actions your department has taken or is planning to take to reduce operating costs, and how those actions will translate into savings that may be reduced from your budget.**

At this time, the department does not have any proposed actions that will result in savings that may be reduced from our budget. However, we continue to evaluate our programs and strive to operate more cost effectively and efficiently. It is noted that in the Executive Supplemental Budget for FY 2008-09, the department is proposing several trade-off/transfers in order to maintain our operating expenses within the base ceiling and yet manage to address various program needs within the department's changing priorities.

11. **Identify all positions that are vacant as of December 1, 2007. For each of these positions please indicate if authority for your department to hire was or was not granted.**

The programs will soon be submitting their vacancy reports as of December 31, 2007. We will transmit this information to you as soon as we receive and compile the report.

12. **Provide a listing of all instances of your department's expenditures exceeding the federal fund ceiling for FY 07 and FY 08.**

See Attachment 9.

13. Provide a listing of all budget appropriations transferred to another program ID and/or another department in FY 07 and FY 08.

See Attachment 10.

14. Provide a listing of all deployed positions.

Not applicable.

Attachment 1
Department-Wide Summary Information
Totals for Proposed Department Budget Adjustments (by Means of Financing)

	FY 08			
MOF	Act 213//07 Appropriation (a)	Restriction (b)	Emergency Request (c)	Total FY 08 (a)+(b)+(c)
A	441,711,070		11,807,539	453,518,609
B	193,323,627			193,323,627
N	110,004,382			110,004,382
U	69,923,870			69,923,870
W	167,822,848			167,822,848
Dept. Totals	982,785,797		11,807,539	994,593,336

	FY 09			
MOF	Act 213//07 Appropriation (d)	Reduction (e)	Addition (f)	Total FY08 (d)+(e)+(f)
A	444,322,122		16,914,025	461,236,147
B	189,457,556		7,693,474	197,151,030
N	110,025,792		3,706,237	113,732,029
U	74,905,144		2,022,156	76,927,300
W	167,822,848		1,648,662	169,471,510
Dept. Totals	986,533,462		31,984,554	1,018,518,016

ATTACHMENT 1

Attachment 2
Department-Wide Summary Information
Fiscal Year 08 Proposed Emergency Requests

Program ID	MOF	Title of Emergency Requests	FTE	$ Amount
HTH 420	A	Making an Emergency Appropriation to the Department of Health for the Adult Mental Health Division		10,000,000
HTH 730	A	Making an Emergency Appropriation to the Department of Health for the Emergency Medical Services and Injury Prevention System Branch		1,807,539
Dept. Total			-	11,807,539
Totals by MOF	A			11,807,539

ATTACHMENT 2

DEPARTMENT OF HEALTH
SUMMARY OF PROPOSED BUDGET ADJUSTMENTS FOR FY 2009
EXCLUDING HHSC
C:\Documents and Settings\ssabe\My Documents\testimonies for 2008 legislature\[Attach 3 SUMMARY proposed oper bud adjustments.xls]final

ATTACHMENT 3

		SUMMARY OF PROPOSED OPERATING BUDGET ADJUSTMENTS FOR FY 09							
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*TOTAL*	MOF	HTH
100	A	-1.00		-42,144			-42,144	A	100
	N		-11.00	-217,776	217,776			N	
131	A							A	131
	N		1.00	69,639			69,639	N	
141	A							A	141
420	A				10,000,000		10,000,000	A	420
	B							B	
	N							N	
430	A				209,873		209,873	A	430
440	A							A	440
	B							B	
	N		4.00	330,562	2,419,438		2,750,000	N	
460	A							A	460
	B							B	
	N							N	
	U							U	
495	A							A	495
	N							N	
501	A				2,418,507		2,418,507	A	501
	B							B	
	U				465,370		465,370	U	
520	A							A	520
	B							B	
	U							U	
560	A	7.00	-4.00	179,676	-179,676			A	560
	B	2.00	-1.00	90,854	175,026		265,880	B	
	N	-1.00	-5.00	-135,383	288,255		152,872	N	
	U				1,600,000		1,600,000	U	
580	A							A	580
	B				8,000		8,000	B	
	N							N	
	U							U	
590	B							B	590
	U							U	
595	A							A	595

ATTACHMENT 3
PROPOSED BUDGET ADJUSTMENTS FOR FY 2009

DEPARTMENT OF HEALTH
SUMMARY OF PROPOSED BUDGET ADJUSTMENTS FOR FY 2009
EXCLUDING HHSC
C:\Documents and Settings\ssabe\My Documents\testimonies for 2008 legislature\[Attach 3 SUMMARY proposed oper bud adjustments.xls]final

HTH	MOF	*SUMMARY OF PROPOSED OPERATING BUDGET ADJUSTMENTS FOR FY 09*						MOF	HTH
610	A							A	610
	B							B	
	N							N	
	U							U	
710	A					126,112	126,112	A	710
	N		1.00	46,346	436,987		483,333	N	
720	A		0.20	10,216	-10,216			A	720
	B							B	
	N		0.55	39,613			39,613	N	
	U		-0.75	-43,214			-43,214	U	
730	A				4,159,533		4,159,533	A	730
	B		2.00	184,496	7,205,001		7,389,497	B	
	N							N	
760	A	8.00	-8.00					A	760
	B							B	
	N	3.00	-3.00					N	
840	A							A	840
	B	-0.20	1.00	30,097			30,097	B	
	N	-0.60	1.00	47,100			47,100	N	
	W	0.80		25,272			25,272	W	
849	A							A	849
	B							B	
	N		-1.00	-61,320	225,000		163,680	N	
	W				1,623,390		1,623,390	W	
850	A							A	850
904	A	0.44	-0.44					A	904
	N	0.56	-0.56					N	
905	A							A	905
	N							N	
906	A							A	906
	B							B	
907	A	1.00		42,144			42,144	A	907
	N							N	
TOTALS		20.00	-24.00	596,178	31,262,264	126,112	31,984,554		
BY MOF	A	15.44	-12.24	189,892	16,598,021	126,112	16,914,025	A	
	B	1.80	2.00	305,447	7,388,027		7,693,474	B	
	N	1.96	-13.01	118,781	3,587,456		3,706,237	N	
	W	0.80		25,272	1,623,390		1,648,662	W	
	U		-0.75	-43,214	2,065,370		2,022,156	U	
TOTALS		20.00	-24.00	596,178	31,262,264	126,112	31,984,554	TOTALS	

DEPARTMENT OF HEALTH
EXECUTIVE BUDGET FOR SUPPLEMENTAL FY 2009
EXCLUDING HHSC
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		ACT 213/07 APPROPRIATION FOR FY 2009									
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*L*	*M*	*TOTAL*	MOF	HTH
100	A	119.00	9.00	6,366,647	7,716,980				14,083,627	A	**100**
	N	16.50	61.50	2,959,700	4,964,127				7,923,827	N	
131	A	20.60		1,056,925	607,052				1,663,977	A	**131**
	N	34.40	64.00	5,308,456	6,615,067	826,118			12,749,641	N	
141	A	25.00		1,372,237	371,147				1,743,384	A	**141**
420	A	198.50	229.00	18,814,523	54,724,900				73,539,423	A	**420**
	B				22,382,981				22,382,981	B	
	N		5.00	226,727	1,405,503	10,800			1,643,030	N	
430	A	613.50	53.00	29,885,607	22,344,776	595,995	109,056		52,935,434	A	**430**
440	A	22.00	3.00	1,230,047	18,880,154				20,110,201	A	**440**
	B				300,000				300,000	B	
	N	6.00	4.50	525,162	10,334,705				10,859,867	N	
460	A	193.50	31.00	11,724,527	33,347,722	31,500			45,103,749	A	**460**
	B	17.00	6.00	1,288,056	17,348,909				18,636,965	B	
	N		2.25	180,194	2,387,825				2,568,019	N	
	U		2.00	167,778	2,092,535				2,260,313	U	
495	A	66.50	48.50	5,316,813	2,566,576				7,883,389	A	**495**
	N		32.40	2,247,492	1,309,871	137,636			3,694,999	N	
501	A	236.75	17.00	11,114,334	58,156,271	21,300			69,291,905	A	**501**
	B	3.00		221,746	803,585				1,025,331	B	
	U				63,799,406				63,799,406	U	
520	A	5.00	10.50	787,383	594,085				1,381,468	A	**520**
	B				10,000				10,000	B	
	U	2.00		135,450	69,362				204,812	U	
560	A	171.75	9.00	7,837,832	37,271,427				45,109,259	A	**560**
	B	7.00	13.00	980,488	6,130,171				7,110,659	B	
	N	183.50	30.50	9,654,433	32,282,877	9,500			41,946,810	N	
	U	1.00	2.00	209,083	1,334,656				1,543,739	U	
580	A	221.00	1.00	12,683,582	863,726				13,547,308	A	**580**
	B				102,720				102,720	B	
	N	11.00	19.00	1,372,186	2,444,887	4,750			3,821,823	N	
	U		14.70	1,268,527	126,510				1,395,037	U	
590	B	26.00	2.00	1,759,695	52,087,571				53,847,266	B	**590**
	U		7.00	416,304	4,283,696				4,700,000	U	
595	A	2.00		94,459	623,837				718,296	A	**595**

ATTACHMENT 4

DEPARTMENT OF HEALTH
EXECUTIVE BUDGET FOR SUPPLEMENTAL FY 2009
EXCLUDING HHSC
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		ACT 213/07 APPROPRIATION FOR FY 2009									
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*L*	*M*	*TOTAL*	MOF	HTH
610	A	139.00	1.00	6,768,298	544,411				7,312,709	A	**610**
	B	8.00		465,946	347,707	178,200			991,853	B	
	N	6.00	2.00	227,959	316,723	50,000			594,682	N	
	U	2.00		90,229	8,205				98,434	U	
710	A	86.00		4,029,596	2,643,745	365,000			7,038,341	A	**710**
	N									N	
720	A	21.70	0.35	1,369,731	185,074				1,554,805	A	**720**
	B				406,000				406,000	B	
	N	18.10	0.75	1,027,364	565,247				1,592,611	N	
	U		2.90	177,068	726,335				903,403	U	
730	A	16.00	1.40	889,428	58,780,956	217,368			59,887,752	A	**730**
	B				4,293,658				4,293,658	B	
	N	3.00	5.50	463,263	805,259				1,268,522	N	
760	A	26.00	10.00	1,262,273	340,495				1,602,768	A	**760**
	B		2.00	118,106	281,931				400,037	B	
	N	3.00	3.00	230,093	151,621	15,500			397,214	N	
840	A	57.00		3,203,735	297,950	7,400			3,509,085	A	**840**
	B	60.20	1.00	4,083,650	75,699,561	3,000			79,786,211	B	
	N	47.40	4.00	2,473,798	6,188,803	53,568			8,716,169	N	
	W	53.40		3,084,642	161,470,543	5,000			164,560,185	W	
849	A	15.00	0.25	870,003	99,929				969,932	A	**849**
	B	0.50		49,875					49,875	B	
	N	14.50	6.75	898,611	2,134,023	5,000			3,037,634	N	
	W	14.00	4.00	1,112,250	2,150,413				3,262,663	W	
850	A	5.00		266,723	53,203				319,926	A	**850**
904	A	3.30	4.79	362,742	5,756,472				6,119,214	A	**904**
	N	7.45	7.71	856,056	6,587,664				7,443,720	N	
905	A	1.50	1.00	128,062	81,789				209,851	A	**905**
	N	6.50		303,583	158,732				462,315	N	
906	A	8.00		488,067	189,051				677,118	A	**906**
	B				114,000				114,000	B	
907	A	122.50	10.00	6,599,139	1,410,062				8,009,201	A	**907**
	N		10.00	614,610	690,299				1,304,909	N	
TOTALS		2947.55	755.25	179,721,293	804,165,478	2,537,635	109,056		986,572,889		
BY MOF	A	2396.10	439.79	134,522,713	308,451,790	1,238,563	109,056		444,322,122	A	
	B	121.70	24.00	8,967,562	180,308,794	181,200			189,457,556	B	
	N	357.35	258.86	29,569,687	79,343,233	1,112,872			110,025,792	N	
	W	67.40	4.00	4,196,892	163,620,956	5,000			167,822,848	W	
	U	5.00	28.60	2,464,439	72,440,705				74,905,144	U	
TOTALS		2947.55	755.25	179,721,293	804,165,478	2,537,635	109,056		986,533,462	TOTALS	

		TRADE-OFF/TRANSFERS				ABOVE-BASE BUDGET REQUESTS								
HTH	MOF	PERM	TEMP	A	TOTAL	PERM	TEMP	A	B	C	M	TOTAL	MOF	HTH
100	A	-1.00		-42,144	-42,144					227,000		227,000	A	100
	N						-11.00	-217,776	217,776				N	
131	A												A	131
	N						1.00	69,639				69,639	N	
141	A												A	141
420	A								13,747,823			13,747,823	A	420
	B												B	
	N												N	
430	A					25.50		996,964	169,527			1,166,491	A	430
440	A					3.00	-3.00						A	440
	B												B	
	N						4.00	330,562	2,419,438			2,750,000	N	
460	A												A	460
	B												B	
	N												N	
	U												U	
495	A												A	495
	N												N	
501	A								2,418,507			2,418,507	A	501
	B												B	
	U								465,370			465,370	U	
520	A												A	520
	B												B	
	U												U	
560	A					7.50	-4.00	226,128	-179,676			46,452	A	560
	B					2.00	-1.00	90,854	175,026			265,880	B	
	N		-3.00			-1.00	-2.00	-135,383	288,255			152,872	N	
	U					-0.50		-39,786	1,600,000			1,560,214	U	
580	A												A	580
	B								8,000			8,000	B	
	N												N	
	U												U	
590	B												B	590
	U												U	
595	A												A	595

DEPARTMENT OF HEALTH
EXECUTIVE BUDGET FOR SUPPLEMENTAL FY 2009
EXCLUDING HHSC
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		TRADE-OFF/TRANSFERS				ABOVE-BASE BUDGET REQUESTS								
HTH	MOF	PERM	TEMP	A	TOTAL	PERM	TEMP	A	B	C	M	TOTAL	MOF	HTH
610	A					11.00		441,830	408,754	152,000	57,000	1,059,584	A	610
	B												B	
	N												N	
	U												U	
710	A									126,112		126,112	A	710
	N						1.00	46,346	436,987			483,333	N	
720	A					2.00	0.20	91,475	-10,216			81,259	A	720
	B												B	
	N						0.55	39,613				39,613	N	
	U						-0.75	-43,214				-43,214	U	
730	A								3,273,485			3,273,485	A	730
	B						2.00	184,496	7,205,001			7,389,497	B	
	N												N	
760	A					10.00	-10.00						A	760
	B												B	
	N					3.00	-3.00						N	
840	A					13.00		612,443	119,000			731,443	A	840
	B					-5.20		-380,094				-380,094	B	
	N		1.00	61,320	61,320	-0.60		-14,220				-14,220	N	
	W					0.80		25,272				25,272	W	
849	A												A	849
	B												B	
	N		-1.00	-61,320	-61,320				225,000			225,000	N	
	W												W	
850	A												A	850
904	A					0.44	-0.44						A	904
	N					0.56	-0.56						N	
905	A												A	905
	N												N	
906	A												A	906
	B												B	
907	A	1.00		42,144	42,144				198,000			198,000	A	907
	N												N	
TOTALS			-3.00			71.50	-27.00	2,325,149	33,186,057	505,112	57,000	36,112,745		
BY MOF	A					72.44	-17.24	2,368,840	20,145,204	505,112	57,000	23,076,156	A	
	B					-3.20	1.00	-104,744	7,388,027			7,283,283	B	
	N		-3.00			1.96	-10.01	118,781	3,587,456			3,706,237	N	
	W					0.80		25,272				25,272	W	
	U					-0.50	-0.75	-83,000	2,065,370			1,982,370	U	
TOTALS			-3.00			71.50	-27.00	2,325,149	33,186,057	505,112	57,000	36,073,318	TOTALS	

		PROPOSED DOH SUPPLEMENTAL FY 2009 BUDGET									
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*L*	*M*	*TOTAL*	MOF	HTH
100	A	118.00	9.00	6,324,503	7,716,980	227,000			14,268,483	A	100
	N	16.50	50.50	2,741,924	5,181,903				7,923,827	N	
131	A	20.60		1,056,925	607,052				1,663,977	A	131
	N	34.40	65.00	5,378,095	6,615,067	826,118			12,819,280	N	
141	A	25.00		1,372,237	371,147				1,743,384	A	141
420	A	198.50	229.00	18,814,523	68,472,723				87,287,246	A	420
	B				22,382,981				22,382,981	B	
	N		5.00	226,727	1,405,503	10,800			1,643,030	N	
430	A	639.00	53.00	30,882,571	22,514,303	595,995	109,056		54,101,925	A	430
440	A	25.00		1,230,047	18,880,154				20,110,201	A	440
	B				300,000				300,000	B	
	N	6.00	8.50	855,724	12,754,143				13,609,867	N	
460	A	193.50	31.00	11,724,527	33,347,722	31,500			45,103,749	A	460
	B	17.00	6.00	1,288,056	17,348,909				18,636,965	B	
	N		2.25	180,194	2,387,825				2,568,019	N	
	U		2.00	167,778	2,092,535				2,260,313	U	
495	A	66.50	48.50	5,316,813	2,566,576				7,883,389	A	495
	N		32.40	2,247,492	1,309,871	137,636			3,694,999	N	
501	A	236.75	17.00	11,114,334	60,574,778	21,300			71,710,412	A	501
	B	3.00		221,746	803,585				1,025,331	B	
	U				64,264,776				64,264,776	U	
520	A	5.00	10.50	787,383	594,085				1,381,468	A	520
	B				10,000				10,000	B	
	U	2.00		135,450	69,362				204,812	U	
560	A	179.25	5.00	8,063,960	37,091,751				45,155,711	A	560
	B	9.00	12.00	1,071,342	6,305,197				7,376,539	B	
	N	182.50	25.50	9,519,050	32,571,132	9,500			42,099,682	N	
	U	0.50	2.00	169,297	2,934,656				3,103,953	U	
580	A	221.00	1.00	12,683,582	863,726				13,547,308	A	580
	B				110,720				110,720	B	
	N	11.00	19.00	1,372,186	2,444,887	4,750			3,821,823	N	
	U		14.70	1,268,527	126,510				1,395,037	U	
590	B	26.00	2.00	1,759,695	52,087,571				53,847,266	B	590
	U		7.00	416,304	4,283,696				4,700,000	U	
595	A	2.00		94,459	623,837				718,296	A	595

DEPARTMENT OF HEALTH
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		PROPOSED DOH SUPPLEMENTAL FY 2009 BUDGET									
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*L*	*M*	*TOTAL*	MOF	HTH
610	A	150.00	1.00	7,210,128	953,165	152,000		57,000	8,372,293	A	**610**
	B	8.00		465,946	347,707	178,200			991,853	B	
	N	6.00	2.00	227,959	316,723	50,000			594,682	N	
	U	2.00		90,229	8,205				98,434	U	
710	A	86.00		4,029,596	2,643,745	491,112			7,164,453	A	**710**
	N		1.00	46,346	436,987				483,333	N	
720	A	23.70	0.55	1,461,206	174,858				1,636,064	A	**720**
	B				406,000				406,000	B	
	N	18.10	1.30	1,066,977	565,247				1,632,224	N	
	U		2.15	133,854	726,335				860,189	U	
730	A	16.00	1.40	889,428	62,054,441	217,368			63,161,237	A	**730**
	B		2.00	184,496	11,498,659				11,683,155	B	
	N	3.00	5.50	463,263	805,259				1,268,522	N	
760	A	36.00		1,262,273	340,495				1,602,768	A	**760**
	B		2.00	118,106	281,931				400,037	B	
	N	6.00		230,093	151,621	15,500			397,214	N	
840	A	70.00		3,816,178	416,950	7,400			4,240,528	A	**840**
	B	55.00	1.00	3,703,556	75,699,561	3,000			79,406,117	B	
	N	46.80	5.00	2,520,898	6,188,803	53,568			8,763,269	N	
	W	54.20		3,109,914	161,470,543	5,000			164,585,457	W	
849	A	15.00	0.25	870,003	99,929				969,932	A	**849**
	B	0.50		49,875					49,875	B	
	N	14.50	5.75	837,291	2,359,023	5,000			3,201,314	N	
	W	14.00	4.00	1,112,250	2,150,413				3,262,663	W	
850	A	5.00		266,723	53,203				319,926	A	**850**
904	A	3.74	4.35	362,742	5,756,472				6,119,214	A	**904**
	N	8.01	7.15	856,056	6,587,664				7,443,720	N	
905	A	1.50	1.00	128,062	81,789				209,851	A	**905**
	N	6.50		303,583	158,732				462,315	N	
906	A	8.00		488,067	189,051				677,118	A	**906**
	B				114,000				114,000	B	
907	A	123.50	10.00	6,641,283	1,608,062				8,249,345	A	**907**
	N		10.00	614,610	690,299				1,304,909	N	
TOTALS		3019.05	725.25	182,046,442	837,351,535	3,042,747	109,056	57,000	1,022,646,207		
BY MOF	A	2468.54	422.55	136,891,553	328,596,994	1,743,675	109,056	57,000	467,398,278	A	
	B	118.50	25.00	8,862,818	187,696,821	181,200			196,740,839	B	
	N	359.31	245.85	29,688,468	82,930,689	1,112,872			113,732,029	N	
	W	68.20	4.00	4,222,164	163,620,956	5,000			167,848,120	W	
	U	4.50	27.85	2,381,439	74,506,075				76,887,514	U	
TOTALS		3019.05	725.25	182,046,442	837,351,535	3,042,747	109,056	57,000	1,022,606,780	TOTALS	

		GOVERNOR'S ADJUSTMENTS								
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*M*	*TOTAL*	MOF	HTH
100	A					-227,000		-227,000	A	100
	N								N	
131	A								A	131
	N								N	
141	A								A	141
420	A				-3,747,823			-3,747,823	A	420
	B								B	
	N								N	
430	A	-25.50		-996,964	40,346			-956,618	A	430
440	A	-3.00	3.00						A	440
	B								B	
	N								N	
460	A								A	460
	B								B	
	N								N	
	U								U	
495	A								A	495
	N								N	
501	A								A	501
	B								B	
	U								U	
520	A								A	520
	B								B	
	U								U	
560	A	-0.50		-46,452				-46,452	A	560
	B								B	
	N								N	
	U	0.50		39,786				39,786	U	
580	A								A	580
	B								B	
	N								N	
	U								U	
590	B								B	590
	U								U	
595	A								A	595

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		GOVERNOR'S ADJUSTMENTS								
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*M*	*TOTAL*	MOF	HTH
610	A	-11.00		-441,830	-408,754	-152,000	-57,000	-1,059,584	A	610
	B								B	
	N								N	
	U								U	
710	A								A	710
	N								N	
720	A	-2.00		-81,259				-81,259	A	720
	B								B	
	N								N	
	U								U	
730	A				886,048			886,048	A	730
	B								B	
	N								N	
760	A	-2.00	2.00						A	760
	B								B	
	N								N	
840	A	-13.00		-612,443	-119,000			-731,443	A	840
	B	5.00	1.00	410,191				410,191	B	
	N								N	
	W								W	
849	A								A	849
	B								B	
	N								N	
	W				1,623,390			1,623,390	W	
850	A								A	850
904	A								A	904
	N								N	
905	A								A	905
	N								N	
906	A								A	906
	B								B	
907	A				-198,000			-198,000	A	907
	N								N	
TOTALS		-51.50	6.00	-1,728,971	-1,923,793	-379,000	-57,000	-4,049,337		
BY MOF	A	-57.00	5.00	-2,178,948	-3,547,183	-379,000	-57,000	-6,162,131	A	
	B	5.00	1.00	410,191				410,191	B	
	N								N	
	W				1,623,390			1,623,390	W	
	U	0.50		39,786				39,786	U	
TOTALS		-51.50	6.00	-1,728,971	-1,923,793	-379,000	-57,000	-4,088,764	TOTALS	

DEPARTMENT OF HEALTH
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		EXECUTIVE BUDGET FOR SUPPLEMENTAL FY 2009								
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*L*	*TOTAL*	MOF	HTH
100	A	118.00	9.00	6,324,503	7,716,980			14,041,483	A	**100**
	N	16.50	50.50	2,741,924	5,181,903			7,923,827	N	
131	A	20.60		1,056,925	607,052			1,663,977	A	**131**
	N	34.40	65.00	5,378,095	6,615,067	826,118		12,819,280	N	
141	A	25.00		1,372,237	371,147			1,743,384	A	**141**
420	A	198.50	229.00	18,814,523	64,724,900			83,539,423	A	**420**
	B				22,382,981			22,382,981	B	
	N		5.00	226,727	1,405,503	10,800		1,643,030	N	
430	A	613.50	53.00	29,885,607	22,554,649	595,995	109,056	53,145,307	A	**430**
440	A	22.00	3.00	1,230,047	18,880,154			20,110,201	A	**440**
	B				300,000			300,000	B	
	N	6.00	8.50	855,724	12,754,143			13,609,867	N	
460	A	193.50	31.00	11,724,527	33,347,722	31,500		45,103,749	A	**460**
	B	17.00	6.00	1,288,056	17,348,909			18,636,965	B	
	N		2.25	180,194	2,387,825			2,568,019	N	
	U		2.00	167,778	2,092,535			2,260,313	U	
495	A	66.50	48.50	5,316,813	2,566,576			7,883,389	A	**495**
	N		32.40	2,247,492	1,309,871	137,636		3,694,999	N	
501	A	236.75	17.00	11,114,334	60,574,778	21,300		71,710,412	A	**501**
	B	3.00		221,746	803,585			1,025,331	B	
	U				64,264,776			64,264,776	U	
520	A	5.00	10.50	787,383	594,085			1,381,468	A	**520**
	B				10,000			10,000	B	
	U	2.00		135,450	69,362			204,812	U	
560	A	178.75	5.00	8,017,508	37,091,751			45,109,259	A	**560**
	B	9.00	12.00	1,071,342	6,305,197			7,376,539	B	
	N	182.50	25.50	9,519,050	32,571,132	9,500		42,099,682	N	
	U	1.00	2.00	209,083	2,934,656			3,143,739	U	
580	A	221.00	1.00	12,683,582	863,726			13,547,308	A	**580**
	B				110,720			110,720	B	
	N	11.00	19.00	1,372,186	2,444,887	4,750		3,821,823	N	
	U		14.70	1,268,527	126,510			1,395,037	U	
590	B	26.00	2.00	1,759,695	52,087,571			53,847,266	B	**590**
	U		7.00	416,304	4,283,696			4,700,000	U	
595	A	2.00		94,459	623,837			718,296	A	**595**

DEPARTMENT OF HEALTH
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		EXECUTIVE BUDGET FOR SUPPLEMENTAL FY 2009								
HTH	MOF	*PERM*	*TEMP*	*A*	*B*	*C*	*L*	*TOTAL*	MOF	HTH
610	A	139.00	1.00	6,768,298	544,411			7,312,709	A	**610**
	B	8.00		465,946	347,707	178,200		991,853	B	
	N	6.00	2.00	227,959	316,723	50,000		594,682	N	
	U	2.00		90,229	8,205			98,434	U	
710	A	86.00		4,029,596	2,643,745	491,112		7,164,453	A	**710**
	N		1.00	46,346	436,987			483,333	N	
720	A	21.70	0.55	1,379,947	174,858			1,554,805	A	**720**
	B				406,000			406,000	B	
	N	18.10	1.30	1,066,977	565,247			1,632,224	N	
	U		2.15	133,854	726,335			860,189	U	
730	A	16.00	1.40	889,428	62,940,489	217,368		64,047,285	A	**730**
	B		2.00	184,496	11,498,659			11,683,155	B	
	N	3.00	5.50	463,263	805,259			1,268,522	N	
760	A	34.00	2.00	1,262,273	340,495			1,602,768	A	**760**
	B		2.00	118,106	281,931			400,037	B	
	N	6.00		230,093	151,621	15,500		397,214	N	
840	A	57.00		3,203,735	297,950	7,400		3,509,085	A	**840**
	B	60.00	2.00	4,113,747	75,699,561	3,000		79,816,308	B	
	N	46.80	5.00	2,520,898	6,188,803	53,568		8,763,269	N	
	W	54.20		3,109,914	161,470,543	5,000		164,585,457	W	
849	A	15.00	0.25	870,003	99,929			969,932	A	**849**
	B	0.50		49,875				49,875	B	
	N	14.50	5.75	837,291	2,359,023	5,000		3,201,314	N	
	W	14.00	4.00	1,112,250	3,773,803			4,886,053	W	
850	A	5.00		266,723	53,203			319,926	A	**850**
904	A	3.74	4.35	362,742	5,756,472			6,119,214	A	**904**
	N	8.01	7.15	856,056	6,587,664			7,443,720	N	
905	A	1.50	1.00	128,062	81,789			209,851	A	**905**
	N	6.50		303,583	158,732			462,315	N	
906	A	8.00		488,067	189,051			677,118	A	**906**
	B				114,000			114,000	B	
907	A	123.50	10.00	6,641,283	1,410,062			8,051,345	A	**907**
	N		10.00	614,610	690,299			1,304,909	N	
TOTALS		2967.55	731.25	180,317,471	835,427,742	2,663,747	109,056	1,018,518,016		
BY MOF	A	2411.54	427.55	134,712,605	325,049,811	1,364,675	109,056	461,236,147	A	
	B	123.50	26.00	9,273,009	187,696,821	181,200		197,151,030	B	
	N	359.31	245.85	29,688,468	82,930,689	1,112,872		113,732,029	N	
	W	68.20	4.00	4,222,164	165,244,346	5,000		169,471,510	W	
	U	5.00	27.85	2,421,225	74,506,075			76,927,300	U	
TOTALS		2967.55	731.25	180,317,471	835,427,742	2,663,747	109,056	1,018,518,016	TOTALS	

FORM S
Date Prepared/Revised:11/15/07 10/03/07

FY 09 SUPPLEMENTAL BUDGET

ATTACHMENT 5

DEPARTMENT SUMMARY OF PROPOSED CIP LAPSES AND NEW CIP REQUESTS
DEPARTMENT OF HEALTH

PART A: PROPOSED LAPSES						GOVERNOR'S DECISION
Act/Yr	Item No.	Proj No.	Project Title and Reason for Lapsing	MOF	Amount	Amount
			TOTAL		-	-
			BY MOF			
			General Fund	A	-	-
			Special Funds	B	-	-
			General Obligation Bonds	C	-	-
			Reimbursable GO Bonds	D	-	-
			Revenue Bonds	E	-	-
			Federal Funds	N	-	-
			Private Contributions	R	-	-
			County Funds	S	-	-
			Interdepartmental Transfers	U	-	-
			Revolving Funds	W	-	-
			Other Funds	X	-	-

PART B: NEW REQUESTS							GOVERNOR'S DECISION
Request Category	Dept Pri	Prog ID	Proj No.	Project Title	MOF	FY 09	FY 09
HS	1	HTH 840	840801	Environmental Management - Wastewater Treatment Revolving Fund for Pollution Control, Statewide. Construction funds to provide State match (20%) for Federal Capitalization Grants for wastewater projects. Funds will be transferred to the Water Pollution Control Revolving Fund pursuant to Chapter 342D, HRS.	C	660,000	660,000
HS	1	HTH 840	840801	Environmental Management - Wastewater Treatment Revolving Fund for Pollution Control, Statewide	N	3,299,000	3,299,000
HS	2	HTH 430	430901	Hawaii State Hospital, Intensive Care Unit and Secure Residential Treatment Bldgs, Oahu	C	3,406,000	3,406,000
HS	3	HTH 430	430803	Hawaii State Hospital, Repairs and Improvements to Various Bldgs and Site, Oahu	C	4,368,000	3,000,000

PART B: NEW REQUESTS								GOVERNOR'S DECISION
Request Category	Dept Pri	Prog ID	Proj No.	Project Title	MOF	FY 09		FY 09
HS	4	HTH 907	907801	DOH Admin - Various Improvements to DOH Facilities, Statewide 25 projects: 1) install septic tank-Waipahu Clubhouse, 2) AC improvements-Lanakila TB Clinic, 3-7) construction for the reroofing - Lihue, Diamond Head (DH) & Lanakila Health Centers (HC), Waipahu Clubhouse & Lanakila Sr Center, 8- 9) AC improvements- DH and Lihue HCs, 10) Windward HC renovations, 11) reroof, repair windows - Sand Island Wastewater facility, 12) expand Lanakila Dental Clinic, 13) correct parking lot drainage-Waipahu clubhouse, 14) repaint, repair termite & weather damage-Honokaa Vector Control Bldg, 15) reroof & replace gutters at Keawe & Hilo HCs, 16-17) reroof, replace windows & install safety screens for Kona HC, 18) replace windows & install safety screens-Kauai Friendship House, 19) replace gutters-Hilo Environmental HC, 20) repaint, repair termite & weather damage - Hilo Vector Control Bldg, 21) renovations-Keawe & Hilo HCs, 22) expand office space & AC improvements-Wailuku HC, 23) renovate lobby - Leeward HC, 24) install security fencing-Lanakila TB Clinic, &	C	3,165,000		868,000
HS	5	HTH 907	907901	DOH Administration - Waimano Ridge, Various Improvements to Buildings and Site, Oahu. Design and construction funds for: 1) Reroof State Lab - $497,850 2) Reroof and improvements (Phase II) - Waimano Hale - $3,366,550 3) Phase II improvements - Waimano Bldg 4 - $628,090 4) Reroof & improvements - Multi-Purpose Bldg - $630,640 5) Construct new guardhouse at entry - $212,350.	C	5,235,000		1,489,000
HS	6	HTH 430	430904	Hawaii State Hospital, Demolition of Goddard Building, Oahu	C	4,800,000		-
				TOTAL		24,933,000		12,722,000
				BY MOF				
				General Fund	A	-		-
				Special Funds	B	-		-
				General Obligation Bonds	C	21,634,000		9,423,000
				Reimbursable GO Bonds	D	-		-
				Revenue Bonds	E	-		-
				Federal Funds	N	3,299,000		3,299,000
				Private Contributions	R	-		-
				County Funds	S	-		-
				Interdepartmental Transfers	U	-		-
				Revolving Funds	W	-		-
				Other Funds	X	-		-

Request Category:

TR Tradeoff
HS Health, Safety, Court Mandates
A Administration's Program Initiatives
O Other

FORM B

Date Prepared/Revised: 12/06/07

ATTACHMENT 6

FY 09 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS
DEPARTMENT OF HEALTH

	MOF	FY 09 FTE (P)	FY 09 FTE (T)	FY 09 $ Amount
Dep't. Current (Act 213/07) Budget by MOF	A	2,396.10	439.79	444,322,122
	B	121.70	24.00	189,457,556
	N	357.35	258.86	110,025,792
	R			
	S			
	T			
	U	5.00	28.60	74,905,144
	W	67.40	4.00	167,822,848
	X			
TOTAL		2,947.55	755.25	986,533,462

Request Cat	B&F Code	Prog ID/Org	Depart Priority	Description	MOF	DEPARTMENT REQUEST FTE (P)	DEPARTMENT REQUEST FTE (T)	DEPARTMENT REQUEST $ Amount	GOVERNOR'S DECISION FTE (P)	GOVERNOR'S DECISION FTE (T)	GOVERNOR'S DECISION $ Amount
HS		HTH 420 / HO	1	Adult Mental Health / Outpatient - Additional funds for Purchase of Service contract Base budget = $ 53,550,967	A			13,747,823			10,000,000
HS		HTH 430 / HQ	2	Adult Mental Health / Inpatient - Staffing for Secure Residential Facility Base budget = $ 52,076,378	A	25.50		996,964	-		-
HS		HTH 730 / MQ	3	Emergency Medical Services - Add funds for emergency ambulance service contracts for CB Base budget = $ 59,639,532	A			3,273,484			4,159,533
HS		HTH 501 / CN	4	DD / MR Home & Community-based Waiver Program - Additional funds for Title XIX waiver match Base budget = $ 50,068,975 (A) $ 63,799,406 (U)	A			1,224,206			1,224,206
		HTH 501 / CN	4	DD / MR Home & Community-based Waiver Program - Additional funds for Title XIX waiver match	U			1,659,671			1,659,671
		HTH 501 / CN	4a	Increase Title XIX Waiver Program General Fund Match for the DD/MR Home & Community-based Services Waiver Program	A			1,194,301			1,194,301
		HTH 501 / CN	4a	Increase Title XIX Waiver Program General Fund Match for the DD/MR Home & Community-based Services Waiver Program	U			(1,194,301)			(1,194,301)
HS		HTH 730 / MQ	5	Emergency Medical Services - Add funds for Oahu aero medical transport services ($1 represents a placeholder amount)	A			1			
HS		HTH 430 / HQ	6	Adult Mental Health - Inpatient -Funds for HSH sewage usage	A			169,527			209,873

Request Cat	B&F Code	Prog ID/Org	Depart Priority	Description	MOF	DEPARTMENT REQUEST FTE (P)	DEPARTMENT REQUEST FTE (T)	DEPARTMENT REQUEST $ Amount	GOVERNOR'S DECISION FTE (P)	GOVERNOR'S DECISION FTE (T)	GOVERNOR'S DECISION $ Amount
HS		HTH 100 / DD	7	TB Control - Purchase a Digital Radiography Detector to retrofit an existing X-ray system. To maintain an effective and reliable TB control program, existing radiography detector must be retrofitted to a technology that does not rely on scanners requiring rollers for processing.	A			227,000			-
HS		HTH 710 / MK	8	State Lab, Central Services - Upgrade Heat Ventilation Air Conditioning (HVAC) control system. Lab has been experiencing increased instability with the building's air handling system. HECO's power fluctuations and the 10/15/06 earthquake have resulted in computer control failures and damage to components (valves, circuits boards, etc.)	A			126,112			126,112
HS		HTH 560 / CG	9	Family Health Services / Early Intervention - Request 3 perm Speech Path positions to assure mandated services are provided. No additional funding is requested since program is transferring $179,676 from "B" to "A" to fund the salaries.	A	3.00		-	3.00		-
A		HTH 610 / FL	10	Environmental Health Services Division - Improve & enhance division's Information Management System	A			440,000			-
O		HTH 907 / AP	11	DOH Administration / HIPAA Office - HIPAA Security IT Projects - To financially supplement the DOH's activities and efforts to comply with the Security Rule mandates of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a HIPAA covered entity, DOH is required to comply with the standards & requirements of the HIPAA Security rule which became effective 4/21/05. Request is for an annual recurring sum of $198,000 for technical consulting services and security programs.	A			198,000			-
O		HTH 610 / FQ	12	Environmental Health Services (EHS) / Oahu Sanitation - Establish 7 new perm Registered Sanitarians (RS) positions for Oahu (1 RS V (supervising) and 6 RS IVs) and 1 Clerk Typist II. Between 1994 and 2001, the Oahu Sanitation Branch lost 8 RS positions due to budget reductions. DOH maintains that the current field inspection staff of 12 cannot properly maintain inspections of 4,186 food establishments, 868 public swimming pools and other facilities. The current staffing ratio of 1:420 establishments exceeds FDA recommendations of 1:150.	A	8.00		414,623	-	-	-
O		HTH 610 / FQ	13	EHS / Maui Sanitation - Establish 2 new perm Registered Sanitarian IVs for Maui - includes request for two vehicles ($15,000 each).	A	2.00		127,598	-		-

Request Cat	B&F Code	Prog ID/Org	Depart Priority	Description	MOF	DEPARTMENT REQUEST FTE (P)	FTE (T)	$ Amount	GOVERNOR'S DECISION FTE (P)	FTE (T)	$ Amount
O		HTH 610 / FQ	14	EHS / Hawaii Sanitation - Establish one Registered Sanitarian IV position for Hawaii. Includes $27,000 for a sports utility vehicle.	A	1.00		77,363	-		-
O		HTH 840 / FF	15	Environment Management Division, Clean Air Branch - Positions and funds for the Greenhouse Gas (GG) Program (Act 234/07) -- 7 perm positions (Accountant III, Engineer Supervisor, 3 Engineer IVs, Prog Spec IV and EHS V).	A	7.00		446,796	-		-
O		HTH 720 / MP	16	Medical Facilities / Standards, Inspection, Licensing - Additional funds for perm Program Specialist VI for Dietitian Licensure Program & Criminal Background Check Program	A	1.00		52,725	-		-
O		HTH 720 / MP	17	Medical Facilities / Standards, Inspection, Licensing - Additional funds for perm Secretary I to assist with Dietician Licensure Program & Criminal Background Check Program	A	1.00		28,534			
O		HTH 760 / MS	18	Vital Records - Convert 13 (10 general and 3 federal funded) temp positions to perm.	A	10.00	(10.00)		8.00	(8.00)	
O		HTH 760 / MS	18	Vital Records - Convert 13 (10 general and 3 federal funded) temp positions to perm. Positions established in 1999.	N	3.00	(3.00)		3.00	(3.00)	
O		HTH 840 / FJ	19	Solid & Hazardous Waste Branch - Convert six permanent special fund positions to general fund	A	6.00		284,647	-	-	-
O		HTH 840 / FJ	19	Solid & Hazardous Waste Branch - Convert six permanent special fund positions to general fund	B	(6.00)		(410,191)	-	-	-
O		HTH 560 / CT	20	Family Health Services / Healthy Start - Convert 4.00 FTE temporary Healthy Start positions: RN IV (#117845), Accountant III (#117529), Acct Clk III (#117679) & SW/HSP IV (#117844) to permanent.	A	4.00	(4.00)	-	4.00	(4.00)	-
O		HTH 720 / MP	21	Medical Facilities / Standards, Inspection, Licensing - Change MOF for PHAO V (#97607h) from 75% U and 25% N to 80% N and 20% A (Program to transfer $10,216 from "B" to "A" to cover general funded salary portion.)	A		0.20	-		0.20	-
O		HTH 720 / MP	21	Medical Facilities / Standards, Inspection, Licensing - Change MOF for PHAO V (#97607h) from 75% U and 25% N to 80% N and 20% A (Program to transfer $10,216 from "B" to "A" to cover general funded salary portion.)	N		0.55	39,613		0.55	39,613
O		HTH 720 / MP	21	Medical Facilities / Standards, Inspection, Licensing - Change MOF for PHAO V (#97607h) from 75% U and 25% N to 80% N and 20% A (Program to transfer $10,216 from "B" to "A" to cover general funded salary portion.)	U		(0.75)	(43,214)		(0.75)	(43,214)
O		HTH 560 / CI	22	Family Health Services / Children and Youth Wellness - Convert U funded Child Death Review position --- RN V (#110993) to general funds.	A	0.50	0.00	46,452	-	-	-
O		HTH 560 / CI	22	Family Health Services / Children and Youth Wellness - Convert U funded Child Death Review position --- RN V (#110993) to general funds.	U	(0.50)	0.00	(39,786)	-	-	-

Request Cat	B&F Code	Prog ID/Org	Depart Priority	Description	MOF	DEPARTMENT REQUEST			GOVERNOR'S DECISION		
						FTE (P)	FTE (T)	$ Amount	FTE (P)	FTE (T)	$ Amount
O		HTH 440 / HD	23	Alcohol & Drug Abuse Division (ADAD) Convert Information Technology Specialist IV (#118211) from temporary to permanent. Act 40, SLH 2004 appropriated funds in FY 05 for this position. Position has been vacant since its establishment on 10/10/06.	A	1.00	(1.00)		-	-	
O		HTH 440 / HD	24	ADAD - Convert Program Spclt SA IV (#117899) in Program Development Services from temp to perm. Act 40, SLH 2004 appropriated funds in FY 05 for this temporary position. Position established on 5/9/06.	A	1.00	(1.00)		-	-	
O		HTH 440 / HR	25	ADAD - Convert Program Spclt SA IV (#117897) in Community & Consultative Services Branch from temp to perm. Act 40, SLH 2005 appropriated funds in FY 05 for this position. Position established on 5/9/06; filled from 5/8/07 to 9/12/07.	A	1.00	(1.00)		-	-	
O		HTH 904 / AJ	26	Executive Office on Aging (EOA) - Convert temp Program Specialist V (#40215) to permanent. Temp position was established on 5/23/88.	A	0.44	(0.44)		0.44	(0.44)	
O		HTH 904 / AJ	26	EOA - Convert temp Program Specialist V (#40215) to permanent.	N	0.56	(0.56)		0.56	(0.56)	
HS		HTH 730 / MQ	HS-1	Emergency Medical Services - Increase special fund ceiling	B	0.00	0.00	507,190	0.00	0.00	507,190
HS		HTH 730 / MQ	HS-2	Emergency Medical Services - Establish ceiling for trauma system special funds	B		2.00	6,882,307		2.00	6,882,307
O		HTH 560 /CC	O-2	Children With Special Health Needs - Change MOF for Genetic Health Coordinator from federal to special funds and increase the Health Birth Defects Special Fund ceiling	B	1.00		95,000	1.00		95,000
O		HTH 560 /CC	O-2	Children With Special Health Needs - Change MOF for Genetic Health Coordinator from federal to special funds and increase the Health Birth Defects Special Fund ceiling	N	(1.00)		-	(1.00)		-
O		HTH 560 / CI	O-3	Family Health Services / Children and Youth Wellness - Increase the Domestic Violence Special fund ceiling	B			170,880			170,880
O		HTH 560 / KC	O-4	Family Health Services / Family and Community Support - Convert temporary Data Processing User Support Technician (#117074) funded w/ Early Intervention Special Funds to permanent	B	1.00	(1.00)	-	1.00	(1.00)	-
O		HTH 580 / KD	O-5	Community Resources & Development - To increase the Organ & Tissue Donor Ed. Spec. Fund from $12,000 to $20,000.	B			8,000			8,000
O		HTH 840 / FJ	O-7	Solid & Hazardous Waste Branch - Establish perm Clerk Typist II position (#99501H) for Deposit Beverage Container Program	B	1.00		34,837	-	1.00	34,837
O		HTH 840 / FK	O-8	Wastewater Branch - Convert MOF from Special and Federal to Revolving for Clerk-Typist (#50200) and redescribe the position to Account Clerk IV.	B	(0.20)		(4,740)	(0.20)		(4,740)

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O		HTH 840 / FK	O-8	Wastewater Branch - Convert MOF from Special and Federal to Revolving for Clerk-Typist (#50200)	N	(0.60)		(14,220)	(0.60)		(14,220)
O		HTH 840 / FK	O-8	Wastewater Branch - Convert MOF from Special and Federal to Revolving for Clerk-Typist (#50200)	W	0.80		25,272	0.80		25,272
O		HTH 100 / DD	O-9	TB Control Branch - Delete temp vacant positions	N		(4.00)	-		(4.00)	
O, TR		HTH 100 / DI	O-10	STD/AIDS Prevention Branch - Delete temp vacant positions and transfer personal services funds ($217,776) to other current expenses	N		(7.00)	-		(7.00)	
O		HTH 131 / DJ	O-11	Disease Outbreak Control, Investigation - Establish new temp Information Tech Spec position (#99501H)	N		1.00	69,639		1.00	69,639
O		HTH 440 / HR	O-12	ADAD - Increase Federal ceiling to accommodate Hawaii Access To Recovery (HI-ATR) Grant. US Substance Abuse Treatment and Mental Health Services Administration (SAMHSA) awarded DOH $2.75 M each year for 3 yrs effective 9/30/07.	N		4.00	2,750,000		4.00	2,750,000
O		HTH 560 / GI	O-13	Women, Infants & Children - Increase federal fund ceiling to reflect WIC federal grant award	N			288,255			288,255
O		HTH 710 / MK	O-14	State Laboratories - Establish Federal Fund ceiling for FERN grant including one temp Microbiologist III	N		1.00	483,333		1.00	483,333
O		HTH 849 / FA	O-16	Environmental Health Admin - Increase federal fund ceiling for new Exchange Network Grant	N			225,000			225,000
O		HTH 560 / CF	O-18	Family Health Services / Family & Community Support - Establish one federal funded Clerk Typist II position for the CBCAP grant	N		1.00	36,225		1.00	36,225
O		HTH 560 / CW	O-19	Family Health Services / Women's Health - Delete three temporary Malama positions	N		(3.00)	-171,608		(3.00)	(171,608)
O		HTH 560 / CT	O-20	Family Health Services / Healthy Start - $1.6 M increase U Fund (from DHS/TANF) ceiling for Healthy Start services per intent of Act 107/SLH 2007 and DHS-DOH MOA.	U			1,600,000			1,600,000
TR		HTH 100 / DG	TR-1a	Hansen's Disease - Transfer-out perm count only from Clerk III (#06537) to HTH 907/AB for Dept'l Contracts Spec (#118368)	A	(1.00)	1.00	-	(1.00)	1.00	
TR		HTH 100 / DI	TR-1b	STD/AIDS Prevention - Delete temp HIV-MMS Spec IV (#111582) and transfer funds to HTH 907/AB to fund Dept'l Contracts Spec (#118368)	A		(1.00)	-42,144		(1.00)	(42,144)
TR		HTH 907 / AB	TR-1c	DOH Admin / Fiscal Section - Trade-off/transfer-in perm count for Clerk III (#06537) from HTH 100/DG and funds from temp HIV-MMS Spec (#111582) fr HTH 100/DI for Dept'l Contracts Spec (#118368)	A	1.00		42,144	1.00		42,144

Request Cat	B&F Code	Prog ID/Org	Depart Priority	Description	MOF	DEPARTMENT REQUEST FTE (P)	FTE (T)	$ Amount	GOVERNOR'S DECISION FTE (P)	FTE (T)	$ Amount
TR		HTH 460 / HC	TR-2a	CAMHD - Transfer funds to HTH 460 / HF to reflect merger of HTH 460 / HC into HTH 460 / HF	A			(208,576)			(208,576)
TR		HTH 460/ HC	TR-2a	CAMHD - Transfer funds to HTH 460 / HF to reflect merger of HTH 460 / HC into HTH 460 / HF	U		(2.00)	(2,260,313)		(2.00)	(2,260,313)
TR		HTH 460 / HF	TR-2b	CAMHD - Transfer funds to HTH 460 / HF to reflect merger of HTH 460 / HC into HTH 460 / HF	A			208,576			208,576
TR		HTH 460 / HF	TR-2b	CAMHD - Transfer funds to HTH 460 / HF to reflect merger of HTH 460 / HC into HTH 460 / HF	U		2.00	2,260,313		2.00	2,260,313
TR		HTH 501 / CQ	TR-3a	Developmental Disabilities Division (DDD) / Case Management - Trade-off/transfer SW/HSP VI (#02315) in HTH 501/CQ to Planner VI (#X02315) in HTH 501/KB per proposed DDD reorganization	A	(1.00)		-50,696	(1.00)		(50,696)
TR		HTH 501 / KB	TR-3b	Developmental Disabilities Division (DDD) / Case Management - Trade-off/transfer SW/HSP VI (#02315) in HTH 501/CQ to Planner VI (#X02315) in HTH 501/KB per proposed DDD reorganization	A	1.00		50,696	1.00		50,696
TR		HTH 501 / CU	TR-4a	DDD / Case Management / Administration - Trade-off/transfer SW/HSP IV (#92443H) in HTH 501/CU to Clerk Typist II (#116460) in HTH 501/KB per proposed DDD reorganization	A	(1.00)		-20,041	(1.00)		(20,041)
TR		HTH 501 / KB	TR-4b	DDD / Case Management / Administration - Trade-off/transfer SW/HSP IV (#92443H) in HTH 501/CU to Clerk Typist II (#116460) in HTH 501/KB per proposed DDD reorganization	A	1.00		20,041	1.00		20,041
TR		HTH 501 / CV	TR-5	DDD / Case Management / Contract & Monitoring Section - Trade-off/transfer DD/MR Contracts Spec (#92474H) to PHAO IV (#X92474H) per proposed DDD reorganization	A	-		-	-		-
TR		HTH 501 / KB	TR-6	DDD Administration - Trade-off/transfer SW III (#97633H) to SW/HSP IV (#X97633H) per proposed DDD reorganization	A	-		-	-		-
TR		HTH 501 / KB	TR-7	DDD Administration - Trade-off/transfer DD/MR Health Plan Administrator (#97638H) to Compliance Officer (#X97638H) per proposed DDD reorganization	A	-		-	-		-
TR		HTH 501 / KB	TR-8	DDD Administration - Trade-off/transfer DD/MR Health Plan Account Rep (#97643H) to PHAO III (#X97643H) per proposed DDD reorganization	A	-		-	-		-
TR		HTH 501 / KB	TR-9	DDD Administration - Trade-off/transfer DD/MR Fiscal Coordinator (#92001H) to PHAO V (#X92001H) per proposed DDD reorganization	A	-		-	-		-
TR		HTH 580 / KL	TR-10	Public Health Nursing - Reduce 7.00 permanent LPN IIs to 0.875 each and establish one .875 perm LPN II	A	-		-	-		-
TR		HTH 907 / AG	TR-11a	DOH Admin, Health Info Systems Office - Trade-off/transfer perm Information Technology Specialist (ITS) IV (#43562) from HTH 907/AG to HTH 907/AL to provide IT services for Hawaii DHO.	A	(1.00)		-48,746	(1.00)		(48,746)

Request Cat	B&F Code	Prog ID/Org	Depart Priority	Description	MOF	DEPARTMENT REQUEST FTE (P)	DEPARTMENT REQUEST FTE (T)	DEPARTMENT REQUEST $ Amount	GOVERNOR'S DECISION FTE (P)	GOVERNOR'S DECISION FTE (T)	GOVERNOR'S DECISION $ Amount
TR		HTH 907 / AL	TR-11b	Hawaii District Health Office - Trade-off/transfer perm ITS IV (#43562) from HTH 907/AG to HTH 907/AL to provide IT services for all of Hawaii DHO programs	A	1.00		48,746	1.00		48,746
TR		HTH 560 / CC	TR-12a	Family Health Services / Children with Special Health Needs - Transfer out the 1.0 FTE permanent federal count position only of Account Clerk II (#03228) to Child &Youth Prgm Spclt IV (#116631) in HTH 560/KC	N	(1.00)		-	(1.00)		-
TR		HTH 560 / KC	TR-12b	Family Health Services Administration - Transfer-in the perm federal count only of Acct Clk II (#03228) in HTH 560/CC and convert the temporary Child &Youth Program Spclt IV (#116631) to permanent.	N	1.00	(1.00)	-	1.00	(1.00)	-
TR		HTH 840 / FJ	TR-13a	Solid & Hazardous Waste Branch - Transfer-in temp Environmental Health Specialist (EHS) IV (#97637H) fr HTH 849/FD for RCRA Brownfield Program. Federal law defines "Brownfield" site as real property, the expansion, redevelopment or reuse of which may be complicated by the presence or potential presence of hazardous substance, pollutant or contaminant.	N		1.00	61,320		1.00	61,320
TR		HTH 849 / FD	TR-13b	Hazard Evaluation & Emergency Response Office - Transfer-out temp EHS IV (#97637H) to HTH 840/FJ for RCRA Brownfield Program	N		(1.00)	-61,320		(1.00)	(61,320)
TR		HTH 849 / FB	TR-14a	Environmental Resources Office (ERO) - Transfer Clerk Typist (#46057) from HTH 849/FB (ERO) to HTH 849/FD (HEER)	N	(1.00)		-38,020	(1.00)		(38,020)
TR		HTH 849 / FD	TR-14b	Hazard Evaluation & Emergency Response (HEER) Office - Transfer Clerk Typist (#46057) from HTH 849/FB to HTH 849/FD	N	1.00		38,020	1.00		38,020
TR		HTH 560 / CF	TR-15a	Family Health Services / Family & Community Support - Transfer in permanent count only from Title V funded RN V (#15246) in HTH 560/CW and convert temp C&Y Spclt IV (#52064) to permanent	N	1.00	(1.00)	-	1.00	(1.00)	-
TR		HTH 560 / CW	TR-15b	Family Health Services / Women's Health - Delete RN V (#15246) and transfer permanent position count only to C&Y Spclt IV (#52064) in HTH 560/CF	N	(1.00)		-	(1.00)		-
TR		HTH 560 / CK	TR-16a	Family Health Services / Maternal & Child Health Administration - Transfer-out perm Research Statistician III (#52073) to HTH560/CW	N	(1.00)		(53,398)	(1.00)		(53,398)
TR		HTH 560 / CW	TR-16b	Family Health Services / Women's Health - Transfer-in Perm Research Statistician III (#52073) from HTH560/CK	N	1.00		53,398	1.00		53,398
TR		HTH 560 / CW	TR-17a	Family Health Services / Women's Health - Transfer in permanent count only from Title V funded Clerk Steno III (#15243) in HTH560/CK and convert temp Accountant III (#117164) to perm	N	1.00	(1.00)	-	1.00	(1.00)	-
TR		HTH 560 / CK	TR-17b	Family Health Services / Maternal & Child Health Administration - Delete Clerk Steno III (#15243) and transfer out permanent position count only to Accountant III (#117164) in HTH 560/CW	N	(1.00)		-	(1.00)		-

Request Cat	B&F Code	Prog ID/Org	Depart Priority	Description	MOF	DEPARTMENT REQUEST FTE (P)	DEPARTMENT REQUEST FTE (T)	DEPARTMENT REQUEST $ Amount	GOVERNOR'S DECISION FTE (P)	GOVERNOR'S DECISION FTE (T)	GOVERNOR'S DECISION $ Amount
		HTH 849/ FD		Environmental Health Administration - Increase of the Environmental Response Revolving Fund ceiling to support energy initiatives.	W				0.00		1,623,390

	MOF	Dept FTE (P)	Dept FTE (T)	Dept $ Amount	Gov FTE (P)	Gov FTE (T)	Gov $ Amount
TOTAL REQUEST:		71.50	(30.00)	36,073,318	20.00	(24.00)	31,984,554
By MOF	A	72.44	(17.24)	23,076,156	15.44	(12.24)	16,914,025
	B	(3.20)	1.00	7,283,283	1.80	2.00	7,693,474
	N	1.96	(13.01)	3,706,237	1.96	(13.01)	3,706,237
	R	0.00	0.00	-	-	-	-
	S	0.00	0.00	-	-	-	-
	T	0.00	0.00	-	-	-	-
	U	(0.50)	(0.75)	1,982,370	-	(0.75)	2,022,156
	W	0.80	0.00	25,272	0.80	-	1,648,662
	X	0.00	0.00	-	-	-	-
GRAND TOTAL = ACT 213/07 + REQUEST		3019.05	725.25	1,022,606,780	2,967.55	731.25	1,018,518,016
By MOF	A	2468.54	422.55	467,398,278	2,411.54	427.55	461,236,147
	B	118.50	25.00	196,740,839	123.50	26.00	197,151,030
	N	359.31	245.85	113,732,029	359.31	245.85	113,732,029
	R	0.00	0.00	-	-	-	-
	S	0.00	0.00	-	-	-	-
	T	0.00	0.00	-	-	-	-
	U	4.50	27.85	76,887,514	5.00	27.85	76,927,300
	W	68.20	4.00	167,848,120	68.20	4.00	169,471,510
	X	0.00	0.00	-	-	-	-

Request Category Legend:	
FE	Fixed Cost/Entitlement
HS	Health, safety, court mandates
TR	Trade Off/Transfer
UN	Unauthorized Positions/TR
A	Administration's Program Initiatives
CN	Continue funding to FY 09
O	Other
R	Reductions

Latest Revision:

Latest Revision: 12/04/07

Attachment 9
Listing of Expenditures Exceeding Federal Fund Ceiling for FY 07 and FY 08

Program ID	FY 07 Ceiling	FY 07 Expenditures*	FY 08 Ceiling	FY 08 Expenditures*	Reason for Exceeding Ceiling	Recurring (Y/N)
HTH 131			12,749,641	149,978	Adult Viral Hepatitis Prevention grant will be used to improve the delivery of viral hepatitis prevention services in healthcare settings and public health programs that serve adults at risk for viral hepatitis. The project period is expected to be five years.	Y
HTH 440			10,859,867	2,750,000	Access to Recovery grant will support a combination of clinical treatment and recovery support services. Program requesting to increase their federal fund ceiling in the Executive Supplemental Budget for FY 2009 to incorporate this grant.	Y
HTH 460	1,039,238	1,323,328			Project Ho'omahala--Transition to Adulthood. Program requesting to increase federal fund ceiling for FB 2007-09 to incorporate this grant.	Y
HTH 495	1,504,499	2,190,500			Hawaii Mental Health Transformation State Incentive Grant to develop a comprehensive strategy to respond to the needs and preferences of consumers with mental illness or families of persons with mental illness. Federal fund ceiling increased by $2,089,164 (actual award amount) for each year of the FB 2007-09 to incorporate this grant.	Y
HTH 495	1,504,499	349,553			Crisis Counseling Assistance and Training Program, Immediate Services Program grant to provide immediate crisis counseling services for individuals affected by the earthquake that occurred off the island of Hawaii on October 15, 2006.	N
HTH 501		300,000			Traumatic Brain Injury Implementation grant to implement a community-based mentoring project for persons who sustain a traumatic brain injury after the age of 21.	Y
HTH 530	4,442,727	550,000			Western States Genetic Services Collaborative.	Y
HTH 530	4,442,727	150,000			Baby Hearing Evaluation and Access to Resources and Services grant to improve and ensure the implementation of a statewide newborn hearing screening and intervention program. Program requesting to increase federal fund ceiling for FB 2007-09 to incorporate this grant.	Y

Attachment 9
Listing of Expenditures Exceeding Federal Fund Ceiling for FY 07 and FY 08

Program ID	FY 07 Ceiling	FY 07 Expenditures*	FY 08 Ceiling	FY 08 Expenditures*	Reason for Exceeding Ceiling	Recurring (Y/N)
HTH 530	4,442,727	300,000			Hilopa'a--Integrated Services for Children and Youth with Special Health Care Needs grant to create inclusive community-based systems of services for this population. Program requesting to increase federal fund ceiling for FB 2007-09 to incorporate this grant.	Y
HTH 560			41,946,810	288,255	Additional funding received for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for supplemental foods, nutrition counseling, and health/social service referrals to WIC clients.	Y
HTH 710	--	35,000			Additional funds from US Department of Agriculture for testing for avian influenza. Program was notified of available funds on June 25, 2006.	Y
HTH 710	--	90,000	--	483,333	New grant award received from U.S. Department of Agriculture, Food Safety and Inspection Service, Food Emergency Response Network Division Cooperative Agreement for Enhancement of Food Emergency Response Network Laboratory Testing Capability for Microbial Threat Agents. Program is requesting to establish a federal fund ceiling for this FERN grant in the Executive Supplemental Budget for FY 2009.	Y
HTH 710	--	12,953			Association of Public Health Laboratories Award for Clinical Laboratory Outreach Activities for Influenza Pandemic Planning grant to fund outreach activities with clinical laboratory partners to increase their awareness about on-going influenza surveillance activities and pandemic planning and enhance contributions to the national influenza control efforts. This is a short-term project and was completed December 2007.	N

Attachment 9
Listing of Expenditures Exceeding Federal Fund Ceiling for FY 07 and FY 08

Program ID	FY 07 Ceiling	FY 07 Expenditures*	FY 08 Ceiling	FY 08 Expenditures*	Reason for Exceeding Ceiling	Recurring (Y/N)
HTH 710	--	60,725			US Department of Agriculture, Animal and Plant Health Inspection Service, US Wildlife Services: Laboratory Testing Services for Avian Influenza by Real-Time Reverse Transcriptase Polymerase Chain Reaction grant--The State Laboratory Division will be reimbursed $40 for each sample tested which is estimated to be around 1500 samples. The fees generated for this testing will be used to purchase scientific supplies, personal protective equipment and other laboratory consumables necessary to conduct the testing.	Y
HTH 840	8,356,169	360,000			Exchange Network Air Pollution grant to develop a statewide emission inventory database resulting in an improved inventory, reporting capability and sharing of data. Federal fund ceiling increased by $360,000 for each year of the FB 2007-09 to incorporate this grant per Act 213/07. Grant period anticipated three years.	Y
HTH 904	7,443,720	250,000	7,443,720	250,000	Empowering Older People to Take More Control of their Health: Evidence-Based Prevention grant to improve older adult health by building the Aging Network's capacity to implement evidence-based prevention programs in Hawaii's multi-ethnic environment. This is a three-year grant.	Y
HTH 904	7,443,720	80,000	7,443,720	80,000	Senior Medicare Patrol Integration Project: Option II grant will be used to strengthen current outreach to Native Hawaiian, Southeast Asian and Pacific Island communities to prevent Medicare/Medicaid fraud, waste, and abuse.	Y
HTH 907			1,304,909	1,600,000	FLEX CAH HIT Network Implementation grant--This project will develop and implement an electronic records system for small hospitals and clinics. Maintenance of the system will be handled by HHSC with existing personnel.	N

*** Note that the approved ceiling increase amounts are reflected for FY 07 and FY 08 under the "Expenditures" columns, rather than the expenditure amounts.**

Attachment 10
Listing of Transfers for FY 07 and FY 08

Program ID	MOF	FY 07 Ceiling	FY 07 Amount Transferred	FY 08 Ceiling	FY 08 Amount Transferred	Reason for Transfer	Recurring (Y/N)
HTH 460	A	50,387,520	-5,095,000			Transfer $5,000,000 to HTH 430 to cover payroll deficit and to cover deficits in agency nursing ($3,505,000) and Kahi Mohala ($910,000). Transfer $95,000 to HTH 495 to cover payroll deficit.	N
HTH 430	A	49,552,846	5,000,000			To cover payroll deficit and to cover deficits in agency nursing ($3,505,000) and Kahi Mohala ($910,000).	Y
HTH 495	A	7,687,133	95,000			To cover payroll deficit.	Y
HTH 570	A	15,892,292	-460,000			Transfer funds to HTH 111 to cover payroll deficit and operating deficits in electricity ($108,000), freight ($46,000), barge ($220,000), facilities repair for Hale Mohalu ($14,000), medical equipment for Hale Mohalu ($12,000).	N
HTH 111	A	4,812,981	460,000			To cover payroll deficit and operating deficits in electricity ($108,000), freight ($46,000), barge ($220,000), facilities repair for Hale Mohalu ($14,000), medical equipment for Hale Mohalu ($12,000).	Y/N
HTH 610	A	6,892,270	-800,000			Transfer funds to HTH 907 to cover renovation costs for Building 4 on the Waimano campus. Funds also needed to purchase equipment to meet HIPAA compliance and to purchase computer hardware and software to correct audit findings.	N
HTH 907	A	7,481,933	800,000			To cover renovation costs for Building 4 on the Waimano campus. Funds also needed to purchase equipment to meet HIPAA compliance and to purchase computer hardware and software to correct audit findings.	N/Y
HTH 840	A	3,306,443	-72,658			Transfer funds to HTH 849 to cover payroll and operating deficits.	N
HTH 849	A	846,902	72,658			To cover payroll and operating deficits.	Y

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 610 Environmental Health Services

I. Introduction

A. Summary of Program Objectives

To protect the community from food borne illnesses, unsanitary or hazardous conditions, adulterated or misbranded products, and vector-borne diseases; and to control noise, radiation, and indoor air quality.

B. Description of Program Activities

The major activities in this program are:

1. Research and Standards: Conduct research in the areas of biological control methods for vectors, new methods for assuring the safety and sanitation of public health issues, new and improved methods and equipment for sampling and inspection activities, and develop and maintain program standards and rules reflecting the results of the research.

2. Inspection: Perform inspections of food service, food establishments, radiation sources, chronic vector breeding sources, public and private dwellings, mortuaries, cemeteries, etc., to assure they do not degrade the public health or the environment of the community.

3. Measurement and Surveillance: Monitor the population trend of major vectors on a statewide basis; perform surveillance of food, nonprescription drugs, therapeutic devices and cosmetics to assure that they are safe and/or effective and properly labeled; and monitor and collect samples of excessive noise, radiation, and indoor contaminants for compliance with standards.

4. Abatement: Control incidents of food-borne illnesses; abate excessive noise, radiation injuries, and indoor air contaminants; control the breeding areas of vectors through chemical applications, or biological predators; and follow up on inspection and surveillance that may pose a threat to public health or the environment.

5. Review: Review plans for public buildings to assure conformance with sanitation and ventilation requirements.

6. Public Participation: Provide programs and information to the public to increase their awareness of public health issues, and their understanding of the Environmental Health Services rules.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

Performance results within the Environmental Health Services Division (EHSD) have increased significantly within the past years. Attention to environmental and public health issues and concerns, both nationally and internationally have increased. There are significant interests in the areas of food safety; public health impacts on the children and the aged populations. There are increasing concerns of indoor air environmental issues, particularly with regards to biological pollutants. The introduction of new vector species and disease pathogens in Hawaii continues to be a major concern. Prescribing and dispensing of prescription drugs and medical devices by health care professionals have become significant issues with regards to potential consumer injuries. The role of the division's programs with regards to response to natural disasters, as well as acts of terrorism, including chemical, biological and radiological means, continues to have a significant focus. The growing sophistication and awareness of the general public, and the greater demand for a more sanitary and safe environmental, requires that programs keep abreast with current issues and trends, and effectively address public health needs.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

The Environmental Health Services Division continues to focus and implement program strategic plans including environmental and public health goals and indicators, as well as measures of effectiveness of program activities. Continued evaluation of program strategies and strategic issues are significant due to, in part, diminishing resources through past budget reductions. The division's strategic plans focus on high public health risk activities, education and training, and enhancement of private-public partnerships. The division continues to develop major plans for a statewide information management system, which is intended to increase program effectiveness and efficiency, and significantly improve investigative and reporting capabilities. Disaster response has also been a focus by the division programs. Workshops and seminars are continually developed to train division staffs toward improving response capabilities.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The EHSD's mission directly supports the Department's mission statement, i.e. "The mission of EHSD is to optimize, through prevention and compliance, public health and environmental practices in the areas of food, drug and radiation safety, noise control, vector control, and the indoor air environment." In both mission statements, the key is prevention of illness or injury to public health. The goals and indicators for each program reflect the mission statement whereby the high risk activities will be the focal point for public-private partnerships for identifying the public health and environmental practices that must be enhanced in order to prevent illness and injury to the general public.

C. Explanation of How Program's Effectiveness is Measured and Results

The Division has developed its public health and environmental goals and indicators, as well as measures of effectiveness of program actions through an EHA-wide planning process. Progress toward achieving program goals is tracked by measuring and evaluating indicators in order to achieve the effectiveness of activities. The EHA has a strategic plan that serves as a guide to setting program priorities and selecting strategies for implementing these priorities.

D. Discussion of Actions Taken to Improve Performance Results

All programs within the EHSD have developed strategic plans to aid the Division in identifying program priorities and strategies for progressing effectively and efficiently toward program goals.

E. Identify all Modifications to Your Program's Performance Measures and Discuss the Rational for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

1. The need to continue addressing new and emerging diseases in the areas of food-borne illnesses and vector-borne diseases.

2. Focus on critical health needs of the young and aged populations who are more susceptible to public health and environmental illnesses, diseases and health related injuries.

3. Continued focus on emergency response, including natural disasters, and acts of terrorism, including biological, chemical and radiological, as all division programs have significant roles.

4. The requirement for a comprehensive information management system has increased the level of planning and development. The EHSD is progressing toward developing new technologies in the area of field inspection, data management, and reporting, thereby improving the level of services to the general public.

B. Program Change Recommendations to Remedy Problems

The EHSD programs continue to manage within existing resources, providing optimal public health services, and focusing on increased program effectiveness and efficiency to adequately respond to public health needs.

C. Identify Any Program Issues or Problems and Corrective Measures/ Remedies

The major issues of food-borne and vector-borne illnesses, food safety practices, enhanced staffing concerns, emergency response and information management needs will be ongoing as critical needs to ensure the Division's primary mission of protecting public health balanced with policies issued by the Administration.

IV. Projected Expenditures for FY 2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In (Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(155.00)			(155.00)	(155.00)
Personal Services	7,545,003	233,013		7,778,016	7,778016
Other Current Expenses	1,217,046			1,217,046	1,2,17,046
Equipment	228,000			228,000	228,000
	(155.00)			(155.00)	(155.00)
TOTALS	8,990,049	233,013		9,223,062	9,223,062
Less:					
(pos'n ct.)	(8.00)			(8.00)	(8.00)
B - Special Fund	991,853	15,505		1,007,358	1,007,358
(pos'n ct.)	(6.00)			(6.00)	(6.00)
N - Federal Fund	594,682			594,682	594,682
(pos'n ct.)	(2.00)			(2.00)	(2.00)
U - Interdept'l Fund	98,434	3,569		102,003	102,003
(pos'n ct.)	(139.00)			(139.00)	(139.00)
General Fund	7,305,280	213,939		7,519,219	7,519,219

B. Narrative

1. **Explanation of transfers within the Program ID** – None.

2. **Explanation of transfers between Program IDs** – None.

3. **Explanation of Restrictions and the Impact on the Program** – None.

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(155.00)		(155.00)
Personal Services	7,552,432		7,552,432
Other Current Expenses	1,217,046		1,217,046
Equipment	228,000		228,000
	(155.00)		(155.00)
TOTALS	8,997,678		8,997,678
Less:			
(pos'n ct.)	(8.00)		(8.00)
B - Special Fund	991,853		991,853
(pos'n ct.)	(6.00)		(6.00)
N - Federal Fund	594,682		594,682
(pos'n ct.)	(2.00)		(2.00)
U - Interdept'l Fund	98,434		98,434
(pos'n ct.)	(139.00)		(139.00)
General Fund	7,312,709		7,312,709

Narrative -None

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 710 State Laboratory Services

I. Introduction

A. Summary of Program Objectives

To enhance the effectiveness of other health programs by providing specialized laboratory services to health care facilities and departmental programs and to various official agencies.

B. Description of Program Activities

1. Clinical microbiological and serological analyses: provide reference and diagnostic laboratory services to the Department of Health (DOH) sexually transmitted diseases (STD) and acquired immunodeficiency syndrome (AIDS) prevention, tuberculosis and epidemiology programs; and other clinical laboratories.

2. Environmental chemical and microbiological analyses: provide analytical services to the DOH Safe Drinking Water, Clean Water, Wastewater, Sanitation and Clean Air Branches and the Disease Outbreak and Control Division (DOCD).

3. Perform chemical and microbiological analyses of food for the DOH, the DOCD and the Sanitation and Food and Drug Branches.

4. Provide training for microbiologists, chemists and laboratory assistants. In collaboration with the National Laboratory Training Network of the Association of Public Health Laboratories, the Centers for Disease Control and Prevention and the Public Health Training Network, assess and coordinate offering of laboratory training in clinical and environmental disciplines. The installation of two satellite dish antennas on the roof of the laboratory has added long distance training capability to our facility. In collaboration with the University of Hawaii and the Kapiolani Community College, provide laboratory training for students enrolled in the medical technology and medical laboratory technician programs. The Environmental Microbiology Section provides one-on-one training on drinking water and water pollution analyses to private and other government laboratories as needed. The Bioterrorism Preparedness Response Laboratory provides training to microbiologists statewide on presumptive identification of potential and suspected bioterrorism agents. In addition, the BT Response Laboratory provide training to HAZMAT and other Emergency Responders on "Sampling for Biological Analysis" and to microbiologists and laboratory support staff in the proper packaging and shipping of diagnostic and infectious substances in compliance to state and federal regulations on "Dangerous Goods."

5. Disseminate information on laboratory related analytical requirements of

federal and State environmental and food regulations.

6. Evaluate Laboratories that perform compliance work for the analyses of drinking water, shellfish and milk; marine and wastewater; and drinking water purveyors that perform compliance tests for residual chlorine and turbidity.

7. License clinical laboratory personnel, substance abuse testing laboratories, medical review officers and personnel performing blood alcohol measurements and the presence of drugs for driving under the influence (DUI) activities.

8. Administer statutory statewide program relating to chemical testing of blood alcohol concentrations and the presence of drugs for DUI cases.

9. Adopt, amend and enforce regulatory provisions of Hawaii Administrative Rules relating to the licensing of clinical laboratory personnel; licensing of substance abuse testing laboratories and medical review officers; potable water testing laboratories; and DUI of alcohol and drugs.

10. Establish and maintain laboratory capacity to respond to terrorism events. The Laboratory first received federal funds, which are administered through the Disease Outbreak Control Division, in FY 2002 for personnel and equipment to develop laboratory capacity and preparedness to respond to bioterrorism events. In 2004, the CDC initiated funding for Chemical Terrorism and we received funding for Chemist positions and laboratory equipment. The program was initially started as a five year funding program, however national interest in bioterrorism and chemical terrorism preparedness may extend federal support for this program beyond the original five year term.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

1. The State Laboratory Services program provides chemical and microbiological analytical support services to Department of Health environmental and disease control programs, and other state agencies, and the public. Changes planned in the upcoming fiscal year to meet this objective include expanding testing for respiratory diseases such as influenza, whooping cough, and tuberculosis. We work closely with the Environmental Health Administration programs, the Communicable Disease Division and the Disease Outbreak Control Division to ensure that we can meet their analytical needs for monitoring compliance with Environmental Protection Agency standards for drinking water, wastewater, air; Food and Drug Administration standards for food and dairy products; and the investigation and control efforts for diseases of public health interest and chemical and bioterrorism events.

2. The Bioterrorism (BT) Response Laboratory provides rapid molecular detection and serological assays to support outbreak investigations and surveillance activities of the Disease Outbreak Control Division (DOCD). In the past, the DOCD has provided limited funding support for laboratory supplies, reagents, and travel expenses for training through the Enhanced

Laboratory Capacity (ELC) grant from the Centers for Disease Control and Prevention (CDC).

As the State Laboratories Division (SLD) expands its testing menu to include rapid molecular and serological assays, the demands for laboratory services to detect and infectious pathogens associated with an outbreak and other emerging infectious diseases have increased. The lack of adequate funding presents a challenge to the SLD's ability to sustain its current testing capabilities and its ability to provide real-time laboratory results which can only be achieved through the use of our state-of-the-art molecular and serological biodetection technologies.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

Program effectiveness for the State Laboratory Services program is measured by the ability to meet service demands from the DOH operating programs, other governmental agencies and the public. The quality and timeliness of analyses performed is another indicator. The State Laboratory Services has successfully met these objectives in FY 2007. Maintaining laboratory proficiency with accurate and timely results is our primary goal.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The State Laboratory Services program supports the DOH's public health mission through laboratory analysis of environmental and clinical specimens. The public's health is protected through the analyses of drinking water, recreational water, wastewater, dairy products, shellfish and other foods and agricultural products. Laboratory results are used as the basis for product recalls, public health advisories and regulatory action to restrict or close drinking water sources that exceed U.S. Environmental Protection Agency standards for contaminants. The analysis of clinical specimens supports the DOCD's mission to identify and investigate disease outbreaks. The rapid analysis of suspected agents of bioterrorism and chemical terrorism will provide critically needed information for public health officials, first responders, civil defense and other law enforcement agencies to formulate appropriate responses to these events.

C. Explanation of How Program's Effectiveness is Measured and Results

The program's success is quantified by program activities that demonstrate the ability to meet requests for analytical services and accurate results that are used to protect the public's health from environmental contaminants and communicable diseases. Prompt regulatory action protects the consuming public from contaminated drinking water, recreational waters and foods. Workload data indicated a high demand for testing services, which was consistently provided within the required timeframes without analytical errors, despite resource challenges.

D. Discussion of Actions Taken to Improve Performance Results

The acquisition of new equipment funded through the federal cooperative agreements and the use of pulse field gel electrophoresis technology results in a significant enhancement of the laboratory's ability to identify specific disease causing organisms. This technology uses deoxyribonucleic (DNA) fingerprinting that can show correlation between clinical specimens from various outbreak patients from different geographic locations. The use of this technology is encouraged by the Centers for Disease Control and Prevention to establish state disease data bases which can be queried in multi-state disease outbreak investigations. This knowledge is invaluable to the State Epidemiologist whose function is to track and quantify diseases of public health interest.

This technology is also valuable in establishing the source of food borne disease outbreaks which enables the DOH Sanitation Branch to immediately impose corrective actions to prevent the further spread of disease.

The federal support for our Bioterrorism Preparedness Response Laboratory has enhanced our capability to perform rapid molecular testing modalities such as real-time polymerase chain reaction (PCR) to detect potential bioterrorism pathogenic bacterial agents from food, environmental samples and clinical specimens. This is an important improvement in our laboratory capacity that provides our public health decision makers with timely information needed to formulate appropriate public health response actions. Moreover, the establishment of the Food Emergency Response Laboratory ensures the state's participation in the laboratory analyses of food and food products in support of the USDA's food defense and safety surveillance activities. Using recently acquired sophisticated modern laboratory technology, the laboratory is able to perform standard and real-time reverse transcriptase (RT) PCR techniques in support of the Hawaii dead bird surveillance program for West Nile Virus and the wild and migratory bird surveillance for Avian Influenza (AI). The ability to perform these tests is crucial to the early detection and prevention of AI and West Nile Virus infection and transmission in Hawaii.

With funding assistance from the 2006 Pan Flu Emergency Appropriation, the SLD implemented routine rapid RT-PCR screening for influenza in support of DOCD surveillance and Hawaii State Pandemic Preparedness.

SLD has implemented a Performance Improvement Plan that utilizes the 12 Quality Systems Elements described in Quality Systems.

E. Identification of all Modifications to the Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

Critical issues facing the SLD include the lack of adequate funding to acquire and sustain a Laboratory Information System; for the purchase of new and replacement scientific equipment; for adequate levels of laboratory consumables; escalating electricity costs; the need to provide adequate funding to support our comprehensive

security, special repair, and a maintenance program for the laboratory facility. For the past few years, the purchase of new and replacement scientific equipment has been severely limited to those critically needed equipment that could be funded from forced program savings. Existing equipment require service contracts, are repaired and kept operational in spite of rising repair costs, and older equipment lack replacement parts. As testing demand increases, demand for expensive laboratory consumables also increases. These issues will, at some point in the future, reach critical mass with serious consequences to our laboratory operations.

B. Program Change Recommendations to Remedy Problems

Act 213/07 appropriated $792,500 to be expended in FY 2007-08 and $365,000 in FY 2008-09 for purchase of equipment. However, given the quantity of instrumentation at the SLD facility, the replacement of outdated or non-functioning equipment will remain an ongoing issue.

C. Identify any Program Issues or Problems and Corrective Measures/Remedies

The SLD experiences challenges in staff turnover, recruitment and retention. The delay in filling our vacant positions has resulted in overtime work and staff burnout. We hope to fill all vacant positions on a timely basis to assure accurate test results and minimize turn around times in reporting test results.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Appr'n for FY 2008	C/B	Restriction, Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(86.00)			(86.00)	(86.00)
Personal Services	4,029,596	177,663		4,207,259	4,207,259
Other Current Expenses	2,578,495			2,578,495	2,578,495
Equipment	792,500			792,500	792,500
	(86.00)			(86.00)	(86.00)
GENERAL FUND TOTAL	7,400,591	177,663		7,578,254	7,578,254

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program** – None

2. **Explanation of transfers between Program IDs and Impact on the Program** - None

3. **Explanation of restrictions and Impact on the Program** - None

V. Supplemental Budget Request for FY 2008 - 09

	ACT 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(86.00)		(86.00)
Personal Services	4,029,596	46,346	4,075,942
Other Current Expenses	2,643,745	436,987	3,080,732
Equipment	365,000	126,112	491,112
	(86.00)		(86.00)
TOTAL	7,038,341	609,445	7,647,786
Less:			
N-Federal Fund		483,333	483,333
(pos'n. ct)	(86.00)		(86.00)
A-General Fund	7,038,341	126,112	7,164,453

A. HTH 710/MK: Upgrade Heat Ventilation Air Conditioning (HVAC) Control System (Item #8)

1. Description of Request

The Laboratory has been experiencing increased instability with the building's air handling system. HECO's power fluctuations and the Oct. 15, 2006 earthquake have resulted in computer control failures and damage to components (valves, circuit boards, etc.)

2. Listing of Positions and Cost Categories

	FY 2009
Equipment	126,112 A

B. HTH 710/MK: Establish Federal Ceiling (Item #O-14)

1. Description of Request

Establish federal ceiling for our USDA, Food Emergency Response Network (FERN) Cooperative Agreement.

2. Listing of Positions and Cost Categories

	FY 2009
Personal Services:	
Microbiologist III, SR 20, BU 13, temp (#99001H)	40,512
Fringe Benefit (14.4% x $40,512)	5,834
Sub-total Personal Services	46,346
Other Current Expenses:	
Contractual Services	236,126
Supplies and Materials	95,000
Misc. Other Current Expenses	105,861
Sub-total Other Current Expenses	436,987
TOTAL	**483,333 N**

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 840 Environmental Management

I. Introduction

A. Summary of Program Objectives

To preserve and enhance environmental quality as it relates to human and ecological health in Hawaii.

B. Description of Program Activities

The major activities in this program are:

Technical Review: Evaluate the actual or potential for environmental pollution from natural and man-made sources and administer the State's wastewater facilities construction program.

Permitting: Issue permits for the control of air, water and underground discharges and for solid waste management and disposal.

Monitoring and Inspection: Monitor and evaluate the effects of pollutants on ambient conditions throughout the State.

Investigation and Enforcement: Investigate complaints, inspect sources, and initiate appropriate action to correct violations.

Other: Provide technical assistance to various private and public agencies.

C. Explanation of how objectives will be met in the upcoming Fiscal Year

The Environmental Management Division (EMD) programs implement permitting, enforcement, ambient monitoring activities, and administer revolving loan funds for drinking water and wastewater facilities. These activities focus on high risk areas identified through monitoring programs and public input and are made a part of the Division's strategic plan which serves as a guide to setting program priorities and selecting strategies for implementing the priorities. In addition, permitting of industrial, municipal, and commercial facilities that emit wastes into the environment and monitoring of these facilities play an important role in the programs.

An aggressive enforcement policy is implemented to minimize adverse impacts to the environment.

II. Program Performance Results

A. Discussion of Program Performance results Achieved in FY 2007

In recent years, environmental goals were developed as indicators or measures of effectiveness of program actions through an Environmental Health Administration (EHA)-wide planning process. Progress toward achieving goals will be tracked over time by measuring and tracking indicators in order to determine the effectiveness of program activities. EHA has a strategic plan that serves as a guide to setting program priorities and selecting strategies for implementing priorities.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The EMD mission statement, which supports the mission of the Department, is to:

> Preserve, protect and enhance environmental quality for the people of Hawaii and maintain ecosystem balance, thus improving our quality of life.

In accomplishing this mission of protecting our air, water, and land, each of the programs implements permitting, enforcement, and ambient monitoring activities. These activities focus on high risk areas identified through monitoring programs and public input and are made a part of the Division's strategic plan which serves as a guide to setting program priorities and selecting strategies for implementing the priorities. In addition, permitting of industrial municipal, and commercial facilities that emit wastes into the environment and monitoring of these facilities plays an important role in the programs. An aggressive enforcement policy is implemented to minimize adverse impacts to the environment. All of the foregoing activities contribute to a good, healthy environment in keeping our air safe to breathe, our waters safe to drink and swim in, our fish safe to eat, and our groundwater free from contamination for drinking and other appropriate uses. This is also within the Department's mission to protect and promote the environmental health of the people of the State of Hawaii.

C. Explanation of How Program's Effectiveness is Measured and Results

Traditionally, effectiveness has been measured by the completion of tasks and evaluation of "deliverables" within annually negotiated U.S. Environmental Protection Agency (EPA) work plans. Mid-year and end-of-the-year reports and meetings with EPA project officers are summarized in annual performance reports by EPA and submitted to the EMD Chief and the Deputy Director for Environmental Health (DDEH). These measures are still in place.

Environmental goals and indicators or measures of effectiveness of program actions were developed in an EHA-wide planning process. Progress toward environmental goals will be tracked over time by measuring and tracking indicators in order to determine if EHA is improving environmental quality as a result of program activities. DOH reports its environmental indicators on its website each year. All programs within the EMD have strategic plans that serve as guides to setting program priorities and selecting strategies for implementing priorities.

D. Discussion of Actions Taken to Improve Performance Results

All programs within the EMD have developed a long-term strategic plan identifying program priorities and strategies for moving efficiently toward program goals.

E. Identification of all Modifications to the Program's Performance Measures and Discussion of Rationale for These Modifications – None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

The Deposit Beverage Container Program averages each month 20-30 letters, 3-5 travel requests for processing, 300-350 phone calls, and logging 250-300 correspondence and documents. The program does not have a dedicated staff to provide essential clerical support of 13 professional staff that oversees regulatory compliance by the beverage industry, retailers, recyclers and the counties.

The lack of qualified accounting staff contributes to short- and long-term costs to the State including the potential loss of $19.2 million in annual funding for the Water Pollution Control and Drinking Water Treatment revolving loan funds that serve Hawaii's public health needs for safe drinking water and effective sewage treatment. Emergency hires and student help have not helped to assure the level of integrity of a program that currently has 83 projects with more than $229 million in receivables and 33 pending loans worth $201.7 million.

The Resource Conservation and Recovery Act (RCRA) Brownfields Program requires the identification and assessment of sites for potential commercial or residential redevelopment or green space. The program currently lacks adequate staff to support potential revitalization of sites in the RCRA program.

Each year, the EPA awards approximately 10 million dollars to the state in capitalization grants to support the Water Pollution Control Revolving Loan Fund Program. The use of funds have grown to approximately 270 million dollars, and further use of the fund will soon be hampered by the current appropriation ceiling.

B. Program Change Recommendations to Remedy Problems

The establishment of a temporary Clerk Typist II for the Deposit Beverage Container Special Fund in HTH 840/FJ will assure the timely processing each month of an average 20-30 letters, 3-5 travel requests, 300-350 phone calls, and logging of 250-300 correspondence and documents. The position will serve the clerical support needs of 13 professional staff that oversee regulatory compliance by the beverage industry, retailers, recyclers and the counties.

Redescribing the Clerk Typist II (# 50200) to Account Clerk IV and changing the means of finance from Special and Federal Funds to Revolving Funds in HTH 840/FK will address the lack of qualified accounting staff that are required to assure the level of integrity of a program that currently has 83 projects with more than $229 million in receivables and 33 pending loans worth $201.7 million.

Transferring the temporary EHS IV (#97637H) from HTH 849/FD to HTH 840/FJ will address staffing shortage in meeting requirements of the Resource Conservation and Recovery Act (RCRA) Brownfields Program that enables the identification and assessment of sites for potential commercial or residential redevelopment or green space.

Providing $660,000 in general obligation bond fund match for $3,299,000 in Federal Water Pollution Control State Revolving Funds will assure an adequate appropriation ceiling for a loan program, totaling approximately $270 million that enables loans for wastewater treatment facility improvements.

C. **Identify Any Program Issues or Problems and Corrective Measures/Remedies** – None

IV. Projected Expenditures for FY 2008

A. Financial Data

	Act 213.07 Appr'n for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(218.00)			(218.00)	(218.00)
Personal Services	12,845,825	367,748		13,213,573	13,213,573
Other Current Expenses	243,656,857			243,656,857	243,656,857
Equipment	68,968			68,968	68,968
	(218.00)			(218.00)	(218.00)
TOTALS	256,571,650	367,748		256,939,398	256,939,398
Less:					
(pos'n ct.)	(60.20)			(60.20)	(60.20)
B—Special Fund	79,786,211			79,920,257	79,920,257
(pos'n ct.)	(47.40)			(47.40)	(47.40)
N—Federal Fund	8,716,169	134,046		8,716,169	8,716,169
(pos'n ct.)	(53.40)			(53.40)	(53.40)
W—Revolving Fund	164,560,185	126,297		164,686,482	164,686,482
(pos'n ct.)	(57.00)			(57.00)	(57.00)
A—General Fund	3,509,085	107,405		3,616,490	3,616,490

B. Narrative

1. **Explanation of transfers within the Program ID** – None

2. **Explanation of transfers between Program IDs** – None

3. **Explanation of restrictions** – None

V. Supplemental Budget Request for FY 2008-09

	Act 213.07 Appropriation	Supplemental Request	Total Requirements
(pos'n count)	(218.00)		(218.00)
Personal Services	12,845,825	102,469	12,948,294
Other Current Expenses	243,656,857		243,656,857
Equipment	68,968		68,968
	(218.00)		(218.00)
TOTALS	256,571,650	102,469	256,674,119
Less:			
(pos'n ct.)	(60.20)	- (0.20)	(60.00)
B—Special Fund	79,786,211	30,097	79,816,308
(pos'n ct.)	(47.40)	- (0.60)	(46.80)
N—Federal Fund	8,716,169	47,100	8,763,269
(pos'n ct.)	(53.40)	(0.80)	(54.20)
W—Revolving Fund	164,560,185	25,272	164,585,457
(pos'n ct.)	(57.00)		(57.00)
A—General Fund	3,509,085		3,509,085

Narrative

A. Establish a temporary Clerk Typist II for the Deposit Beverage Container Special Fund. (Item #O-7)

1. Description of Request

This request is to provide clerical support to the Office of Solid Waste Management, including typing, answering telephone calls, maintaining the program's files and managing the program's purchase of supplies, equipment, travel, and services. This would be the only clerk typist position authorized for the Deposit Beverage Program of 10 staff.

2. Listing of Positions and Cost Categories

	FY 09
Personal Services:	
Clerk Typist II, SR08, (#99501H)	34,837 B

B. Redescribe Clerk Typist II, SR08 (#50200) to Account Clerk IV, SR13 and change the means of financing (Item #O-8)

1. Description of Request

This request is to change the means of financing for a permanent position in the Wastewater Branch, Environmental Management Division from its current classification of Clerk Typist II to Account Clerk IV to manage and maintain the Northbridge data system software that was developed specifically for the State

Water Pollution Control Revolving Fund (WPCRF) and the State Drinking Water Treatment Revolving Loan Fund (DWTRLF) programs in conjunction with the Environmental Protection Agency (EPA). This person will also provide assistance to the staff in gathering and compiling fiscal data, preparing reports, and perform other duties as required.

2. Listing of Positions and Cost Categories

	FY 09
Personal Services	(0.00) 6,213
	- (0.20) - 4,720 B
	- (0.60) -14,220 N
	(0.80) 25,272 W

The Account Clerk IV (#50200) position is currently vacant.

C. Transfer in temporary Environmental Health Specialist IV from HTH 849/FD–Hazard Evaluation and Emergency Response, to HTH 840/FJ–Solid and Hazardous Waste for the RCRA Brownfields Program (Item #TR-13a)

1. Description of Request

This request is to transfer in temporary Environmental Health Specialist IV, SR 22 (#97637H) from HTH 849/FD to HTH 840/FJ for the RCRA Brownfields Program. This position will support the identification and assessment of potential commercial or residential redevelopment or green space.

2. Listing of Positions and Cost Categories

	FY 09
Personal Services	61,320 N

This Environmental Health Specialist IV (#97637H) has yet to be established.

VI. Program Restrictions - None

VII. CIP Request for FY 09

A. Match for Water Pollution Control State Revolving Funds (CIP)

1. Description and Financial Requirements

EPA requires State match of $660,000 for receipt of $3,299,000 of wastewater construction funds for the Water Pollution Control State Revolving Fund program to upgrade wastewater treatment systems.

	FY 09
Construction	660,000 C
	3,299,000 N

2. Explanation and Scope of the Project

The Water Pollution Control Revolving Fund program uses these funds to provide to Counties or State agencies low-interest loans for the construction of eligible water pollution control projects.

3. Justification for the Project

The wastewater projects are needed to provide cleaner coastal waters and ground water as well as to preserve existing clean waters that assure protection of the State's public health and environment.

4. Senate and House District(s) for the Project

The program benefits the entire State by providing to the Counties and State agencies low-interest loans that are used for projects that protect and preserve State waters.

VIII Proposed Lapses of Capital Improvement Projects – None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: **HTH 849 Environmental Health Administration**

I. Introduction

A. Summary of Program Objectives

To formulate environmental policy; direct operations and personnel; and provide other administrative, planning, hazard evaluation, and emergency response services.

B. Description of Program Activities

The major activities in this program are:

1. Administration: Establish and implement policies for environmental programs to prevent and/or reduce to acceptable levels environmental pollution, and to protect the community from unsanitary or hazardous conditions.

2. Planning: Provide short- and long-term planning, information management, and program evaluation services for all programs in the Environmental Health Administration (EHA).

3. Hazard Evaluation: Provide the evaluation and surveillance of environmental hazards and response to and remediation of environmental agents.

4. Resource Control: Plan, direct, and review fiscal and personnel planning, programming, and budgeting activities for the EHA.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The program will utilize the fundamental management principles such as addressing the highest risk sources first, prevention of contamination is preferred to clean-up of releases after the fact, employees are our most valuable resources, action are to be kept simple, understandable, and easily implemented, better coordinated efforts and continuous improvement of work processes.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

Administrative procedures, methodologies, and timeliness have been established by the Environmental Planning Office (EPO) in the past 2 years in order to comply with Federal requirements for overall pollution load reduction in State surface waters.

The Hazard Evaluation and Emergency Response (HEER) Office has made overall program progress in the efficiency arena by utilizing contractors to fill specialized needs, entering into partnerships with other agencies such as the University of Hawaii, and by streamlining business practices such as the Fast-Track Clean Up Pathway.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The HEER Office incorporated goals and objectives into its Strategic Plan that addresses the Department's ability to respond to and mitigate the threat posed by hazardous substances that have been released into the environment. These measures include improving our ability to respond to emergencies, reducing the backlog of sites requiring remedial action, ranking sites by risk factors from high to low, and developing a program to reduce the number of preventable releases.

C. Explanation of How Program's Effectiveness is Measured and Results

Traditionally, effectiveness has been measured by the completion of tasks and evaluation of "deliverables" within the annually negotiated U.S. Environmental Protection Agency (EPA) work plans. Mid-year and end – of-year meetings with EPA project officers are summarized in annual performance reports by EPA and submitted to the Environmental Health Administration. For State-funded programs, evaluations are made on the basis of having met deadlines and produced work projects that meet generally accepted professional standards for clarity of writing and accuracy of content. These measures are still in place.

D. Discussion of Actions Taken to Improve Performance Results

Environmental goals and indicators, or measures of effectiveness of program actions were developed in an EHA-wide planning process. Progress toward environmental goals will be tracked over time by measuring and tracking indicators in order to determine if the EHA is improving.

Annual reports are reproduced by EPO that show, in the form of simple graphics, program progress in meeting environmental goals.

E. **Identify all Modifications to your Program Performance Measures and Discuss the Rationale for the Modifications** - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered by Program if any

1. There is a growing need to have better and clearer data for informed decision-making and the increasing demand for transparency of government reporting requires resources for information management technology enhancements.

2. A significant issue that the HEER Office has experienced is a steady increase in the amount and frequency of requests for access to public records related to contaminated sites from various private consulting firms as well as other interested parties. Fulfilling the public record function requires extensive staff resources, typically involving both a clerk and a remedial project manager in order to research, locate, prepare, set-up the viewing appointment and make the requested copies of the public record files for the requesting party.

3. Another issue is better coordination for the Resource Conservation and Recovery Act (RCRA) functions, especially in the Brownfield Program. The approved reorganization in the Solid and Hazardous Waste Branch defines that the majority of this work would be performed under their RCRA Brownfields Prevention Initiative.

B. Program Change Recommendations to Remedy Problems

1. A budget request for $225,000 to receipt of the Information Management Grant from the EPA will be used to information technology services for the EHA.

2. In order to mitigate the public records issue in the HEER Office, the request to transfer the federally funded Clerk Typist II from the Environmental Resources Office to the HEER Office will satisfy the increased public records demand.

3. The request to transfer the temporary Environmental Health Specialist IV to the Solid and Hazardous Waste Branch will ensure better coordination and performance with its re-location to the RCRA Brownfields Prevention Initiative.

C. Identify Any Program Issues or Problems and Corrective Measures/ Remedies

The continuous and growing requests for access to information and records for environmental clean-ups and data will be met at the initial levels with the above identified requests as the sophistication of the requesting public increases. Better coordination of functions and activities will also need to be continually addressed as limited funds and external forces drive expectations with an increase in public awareness.

IV. Projected Expenditures for FY 2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In (Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(44.00)			(44.00)	(44.00)
Personal Services	2,930,739	128,232		3,058,971	3,058,971
Other Current Expenses	4,384,365		-30,000	4,354365	4,354,365
Equipment	5,000		+30,000	35,000	35,000
	(44.00)			(44.00)	(44.00)
TOTALS	7,320,104	128,232		7,448,336	7,448,336
Less:					
(pos'n ct.)	(0.50)			(0.50)	(0.50)
B-Special Fund	49,875			49,875	49,875
(pos'n ct.)	(14.50)			(14.50)	(14.50)
N - Federal Fund	3,037,634			3,037,634	3,037,634
(pos'n ct.)	(14.00)			(14.00)	(14.00)
W – Revolving Fund	3,262,663	33,661		3,296,324	3,296,324
(pos'n ct.)	(15.00)			(15.00)	(15.00)
General Fund	969,932	94,571		1,064,503	1,064,503

B. Narrative

1. **Explanation of transfers within the Program ID**

   The transfer of $30,000 from Other Current Expense to Equipment in the Emergency Response Revolving Fund was to replenish air dispersant equipment.

2. **Explanation of transfers between Program IDs** – None

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(44.00)		(44.00)
Personal Services	2,930,739	(61,320)	2,869,419
Other Current Expenses	4,384,365	1,848,390	6,232,755
Equipment	5,000		5,000
	(44.00)		(44.00)
TOTALS	7,320,104	1,787,070	9,107,174
(pos'n. ct)	(0.50)		(0.50)
B-Special	49,875		49,875
Less:			
(pos'n ct.)	(14.50)		(14.50)
N – Federal Fund	3,037,634	163,680	3,201,314
(pos'n ct.)	(14.00)		(14.00)
W - Revolving Fund	3,262,663	1,623,390	4,886,053
(pos'n ct.)	(15.00)		(15.00)
General Fund	969,932		969,932

Narrative

A. New Exchange Network Federal Grant (Item 0-16)

1. **Description of Request**

This request is to increase the federal fund ceiling for the new Exchange Network Grant received to fund additional technical initiatives for the U.S. Environmental Protection Agency's Central Data Exchange (CDX), integration of the State Laboratory Systems, implementation of additional CDX data flows and to provide the requisite training for internal staff.

2. **Listing of Positions and Cost Categories**

	FY 2009
Other Current Expenses	225,000 N

B. Transfer one (1) Environmental Health Specialist IV from HTH 849 FD to HTH 840/FJ for the Resource Conservation and Recovery Act (RCRA) Brownfields Program (Item TR-13b)

1. Description of Request

This request is to transfer the Environmental Health Specialist IV, (# 97637H, temporary position FTE and funds from the Hazard Evaluation and Emergency Response Office (HTH 849/ FD) to the Solid and Hazardous Waste Branch in HTH 840/FJ.

This transfer to the Solid and Hazardous Waste Branch will allow better programmatic coordination with other Resource Conservation and Recovery Act (RCRA) programs already in existence.

2. Listing of Positions and Cost Categories

	FY 2009
Personnel Services	
Env. Health Specialist IV (# 97637H), SR-22	-43,800
Fringe Benefit	-17,520
TOTAL	-61,320 N

C. Increase the Environmental Response Revolving Fund ceiling

1. Description of Request

This request is a Governor's Initiative to increase the Environmental Response Revolving Fund ceiling to fund various energy initiatives.

2. Listing of Positions and Cost Categories

	FY 2009
Other Current Expenses	1,623,390 W

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 850 - OFFICE OF ENVIRONMENTAL QUALITY CONTROL

I. Introduction

A. Summary of Program Objectives

To assist in restoring, protecting and enhancing the natural physical environment of the State by stimulating, expanding, and coordinating efforts of governmental agencies, industrial groups and citizens.

B. Description of Program Activities

Reviews all environmental assessments and impact statements to assure compliance with Chapter 343, Hawai'i Revised Statutes (HRS), and Section 11-200, Hawai'i Administrative Rules (HAR). Notify the public of the availability of all proposed environmental assessments and impact statements twice each month in the Environmental Notice (OEQC Bulletin) to facilitate the required public review. The Environmental Notice includes agency determinations; the acceptance or non-acceptance of statements; Conservation District Use permits; Shoreline Certifications; Pollution Control permits; Federal notices, DOH Voluntary Response Program projects, Alien Species Permits; DOH quarterly report on inspections and actions, Federal consistency Reviews, Special Management, other minor permits and more. Provide technical assistance to agencies, private sector, interest groups, and the general public as requested to clarify the requirements of Ch. 343, HRS and Sec. 200, HAR. Workshops are also conducted to inform agencies, consultants and the general public on how to comply with Ch. 343, HRS and Sec. 11-200, HAR. Environmental justice contract commenced.

Provide support and guidance to the Environmental Council. Assist the Environmental Council in rulemaking and the review of requests for concurrence on revisions to agency exemption lists. (Agencies can request that certain activities be exempt from the requirement for the preparation of an environmental assessment.) Assist the Environmental Council in preparing their annual report to the legislature, introduce legislative environmental bills and support bills introduced to protect the environment.

Maintain a resource library of Chapter 343, HRS documents for use by the public.

At the request of the Governor, coordinate state agencies in matters concerning the environment.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

A work plan has been developed to guide the staff's implementation of projects. The existing resources of the office are sufficient. Policy development and partnership between state/county agencies with community groups will be expanded.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

In this past year, OEQC successfully expanded the scope and distribution of our bulletin, "*The Environmental Notice*". OEQC scanned on CD all environmental assessments from 2006-2007 for public use through the OEQC website. Scanning of 1980-2006 Final Environmental Impact Statements is completed and uploaded. Since the online library's inception, other documents are available such as draft Environmental Assessments, NEPA documents, Draft Environmental Impact Statements, Environmental Council Minutes and more. This project has allowed the public to have easier access to our documents and allows staff to initiate new projects to better serve the community. About 400 environmental review documents are processed, commented upon and given notice each year.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

All the activities listed above directly relate to OEQC's mandate to administer the environmental review system and develop environmental educations and policy for the state.

C. Explanation of How Program's Effectiveness is Measured and Results

Program effectiveness can be measured by the total number of environmental review documents processed, the number of education projects completed and the number of policy documents applied, number of hits to our website and "*The Environmental Notice*".

D. Discussion of Actions Taken to Improve Performance Results

Developing clear goals for the office, empowering staff members to apply their individual skills and developing teamwork to finish the job on schedule promote performance.

E. Identification of all Modifications to the Program's Performance Measures and Discussion of Rationale for These Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if Any - None

B. Program Change Recommendations to Remedy Problems - None

C. Identify Any Program Issues or Problems and Corrective Measures or Remedies - None

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(Position Count)	(5.00)			(5.00)	(5.00)
Personal Services	266,723	12,584		279,307	279,307
Other Current Expenses	53,203			53,203	53,203
	(5.00)			(5.00)	(5.00)
TOTALS - General Fund	319,926	12,584		332,510	332,510

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program -** None

2. **Explanation of transfer between Program IDs and Impact on the Program -** None

3. **Explanation of Restrictions and Impact on the Program -** None

V. Supplemental Budget Request for FY 2008 - 2009

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(5.00)		(5.00)
Personal Services	266,723		266,723
Other Current Expenses	53,203		53,203
(pos'n ct.)	(5.00)		(5.00)
A–General Fund	319,926		319,926

Narrative - None

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 100 Communicable Disease Services

I. Introduction

A. Summary of Program Objectives

To reduce the incidence, severity, and disabling effects of established, communicable diseases of public health importance (i.e. tuberculosis (TB), sexually transmitted disease (STDs), Human Immunodeficiency Virus (HIV) and Hansen's disease) by adopting preventive measures and by undertaking programs of early detection and effective treatment. Provide long-term care to Hansen's disease patients who have been disabled either directly from pathological effects of the disease, or psychologically or socially from the effects of prolonged institutionalization.

B. Description of Program Activities

The Tuberculosis Branch (TBB) coordinates and provides screening for active TB disease and latent TB infection using skin tests, new Quantiferon-TB-Gold-in-Tube ® blood tests, X-rays and laboratory testing. Nurses, physicians, pharmacists, and outreach workers evaluate, treat, and monitor patient compliance with treatment protocols, as well as evaluate and manage contacts of active TB cases. Case Review and other evaluation programs help maintain program standards and facilitate collection of data for surveillance, reporting, and analysis of trends.

The STD/AIDS Prevention Branch (SAPB) provides surveillance, prevention, and treatment in conjunction with community partners to reduce the spread of STDs and HIV infection statewide and screen those who are most at risk. The STD/HIV Clinic, located at Diamond Head Health Center, offers free examination, treatment, counseling, and health education services. The Gonorrhea and Chlamydia Screening Program is a statewide screening program to reduce the reservoir of infection in asymptomatically infected women who can transmit infection to others and who may have delayed but serious sequelae from their infection. This screening program also provides health care providers with the necessary materials, delivery system, and laboratory support to screen high-risk women for gonorrhea and chlamydia. STD and HIV surveillance data enables the program to monitor disease transmission and to target resources most efficiently and effectively. The SAPB also coordinates and supports a statewide HIV testing program that includes pre- and post-test counseling provided by trained HIV counselors/testers in partner agencies and community clinics. HIV/AIDS medical care and services are supported through case management in conjunction with contracted community agencies. Individuals with HIV/AIDS can access critical HIV medical and laboratory services. HIV medications are provided for residents with HIV who are unable to access them through other sources. The Branch also administers a program that continues group health insurance coverage for HIV patients who meet specific program criteria and have lost this coverage.

The Hansen's Disease Branch (HDB) prevents the spread of Hansen's disease through case management, treatment and epidemiological follow up of new cases. This branch also provides a secure living environment and all medical care for the patients of Kalaupapa as long as they choose to stay there. Hale Mohalu Hospital (HMH) on Oahu provides a higher level of medical care for the Kalaupapa patients than can be provided at the Kalaupapa nursing facility. Patients are also triaged or admitted to HMH on their way to tertiary care in the community hospitals, which ensures efficiency and appropriate continuity of care.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The TB Program staff will meet its program objectives by conducting active surveillance and working with private practitioners to ensure timely and accurate reporting of TB cases. Infected individuals will be identified through contact investigations, targeted testing, and administrative screening services. Coordination with private and public reporting sources such as hospitals, clinics, laboratories, community-based organizations, and health care providers will be emphasized. The TB nurse consultant and nurse case-managers will provide case management activities to help ensure that all TB patients receive appropriate TB care and evaluation. Case Review and other quality assurance tools will be used to ensure program standards.

The STD/AIDS Prevention Program will meet their objectives through services carried out by DOH staff on Oahu and neighbor islands, and through collaboration and contracts with community-based organizations and health care providers statewide. Both STD and HIV/AIDS surveillance are carried out by SAPB program staff on Oahu in collaboration with laboratories and physicians statewide. The Diamond Head Health Center STD Clinic will continue to be the center for statewide STD services in collaboration with selected Oahu and Neighbor Island providers. The program maximizes federal funding; currently 52% of the SAPB budget is federally funded. Because of the extensive collaboration with community agencies, the SAPB has a major role in developing and monitoring contracts and providing these agencies with technical assistance. Approximately 67% of all State HIV funding is contracted out to community-based organizations. The SAPB supports the activities of the HIV Community Planning Group, which provides recommendations to strengthen program implementation statewide, and helps ensure coordination and input from the community of consumers and providers.

The Hansen's Disease Program will continue to emphasize screening, diagnosing, and treating HD patients, particularly in the high-risk Pacific Islander populations, and will continue to develop partnerships with emerging medical and social service providers who serve the same high risk populations. Rising medical care costs as well as increasing costs to maintain facilities, services and inventories will continue to challenge both Kalaupapa and Hale Mohalu Hospital. Cost saving measures, consolidations, and utilization of internal departmental resources have been and will continue to be pursued; however, with unique large cost items, such as the Kalaupapa Harbor repair and improvements, other sources of funding need to be secured.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

Screening for latent and active TB remains a major activity of the TB program. In 2006, DOH clinics placed and read more than 49,000 tuberculin skin tests statewide. Among these, 14.4 percent of all groups tested had a positive skin test.

Hawaii continues to have one of the highest TB case rates in the US, with 8.9 cases per 100,000 compared to a national rate of 4.6 per 100,000 in 2006. From 1996 to 2006, the case rate in Hawaii decreased 47.3% (rate of 16.9 per 100,000 in 1996) while US rates decreased 42.5% in the same period. The influx of people from TB prevalent areas of Asia and the Pacific remain a challenge due to high rates of TB disease in those countries. In 2006, US Customs and Border Protection officially admitted over 3,700 new immigrants to Hawaii, of whom 70.4% were from the Philippines (US Customs and Border Protection, 2006). In the same year, 101 new cases, representing 87.8% of the State's TB morbidity, were among foreign-born persons. TB cases born in the Philippines (n=64) accounted for the majority of Hawaii's foreign-born cases in 2006 (63.4%), followed people from the Federated States of Micronesia (8.9%) and China (5.9%). There were fourteen cases (12.2%) of primary drug-resistant TB. Eighty-six percent of the primary drug resistant cases (n=12) occurred in foreign-born persons: eight were from the

Philippines, two were from Viet Nam, one was from Mexico, and one from American Samoa. There were no reported cases with multi-drug resistant TB in 2006.

In 2006, the SAPB continued its chlamydia and gonorrhea-screening program to detect these infections among asymptomatic women. The program screened 15,735 women detecting 1,048 chlamydia infections and 113 gonorrhea infections. In 2006, Hawaii had the sixth highest chlamydia rates in the United States and ranked thirty-third in gonorrhea rates. Without treatment, these women were at risk of developing pelvic inflammatory disease requiring hospitalization and other sequelae, including infertility. The STD clinic provided medical, educational, counseling, and referral services to 3,956 patients in 2006, and diagnosed, treated, and provided partner services for 497 chlamydia infections and 152 gonorrhea infections. The SAPB's HIV counseling and testing program provided counseling and testing services to 8,685 individuals, identifying 49 individuals with HIV infection up from 29 the previous year. From July 2006 through June 2007, the HIV Drug Assistance Program (HDAP) provided life-saving HIV medications to 246 individuals with HIV, who did not have access to these medications. These medications significantly reduced AIDS morbidity and allowed individuals to live longer and healthier lives. HDAP filled 7,109 prescriptions for HIV-related medications. During this period, 72 new clients were enrolled into the program. Successful access to HIV medications reduces the possibility of HIV transmission, thus helping to limit the spread of HIV infection. The H-COBRA program of the SAPB provided payment of health care insurance premiums for individuals living with HIV who were no longer eligible for health insurance through their place of employment. 336 months of insurance coverage were provided to 42 individuals living with HIV and one dependent.

The Hansen's Disease Community Program increased active screening and case finding to high risk populations on Hawaii and Maui resulting in 23 new cases (66 percent of the total new cases) found on the neighbor islands during the last two fiscal year periods (July 1, 2005 to June 30, 2006 and July 1, 2006 to June 30, 2007). The Program also continued collaborative active screening programs with the Early Access Project and the Tuberculosis Control Branch resulting in 3 (9 percent) new, Hansen's disease cases diagnosed through this program. Hale Mohalu Hospital services the patients of Kalaupapa who require higher levels of care than can be provided for in Kalaupapa. Over the past two years, HMH has addressed changing patients' needs and safety levels by securing a variety of specialized hospital equipment, medical and nursing supplies. Social activities and indoor recreational activities have been regularly scheduled to enhance the patients' quality of life.

The Hansen's Disease Program administration worked closely with the National Park Service (NPS) to replace 22 large volume cesspools with septic tanks to meet EPA compliance standards. The Kalaupapa Nursing Facility has had to adapt to a rapidly aging patient population with a myriad of geriatric problems. A homemaker/chore worker program has been expanded to assist patients with daily living chores within their homes to allow patients as much as possible to "age in place." A home dialysis program was developed and initiated in the Kalaupapa Nursing Facility to allow three dialysis patients to return home to Kalaupapa to receive their dialysis there instead of in Honolulu. Physical therapy and dietary services are provided in the settlement so patients would not have to travel to Honolulu to receive them. A contract with the University of Hawaii's School of Medicine was executed to provide continuous physician services in Kalaupapa. Additionally, the Kalaupapa administration has completely remodeled two patients' homes to make them totally handicap accessible. They have also made major renovations on 13 additional patients' homes at the patients' request.

Additionally, both DOH and NPS staff participated in a two-day community emergency response team (CERT) training and exercise to enhance Kalaupapa's response to natural and man-made disasters. Within the past year, the majority of the DOH staff has also been trained in basic emergency response.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

These results are all consistent with the Department's mission "to monitor, protect, and enhance the health of all people in Hawaii" and the Programs' stated objectives "to reduce the incidence, severity, and disabling effects of established, communicable diseases of public health importance by adopting preventive measures and by undertaking programs of early detection and effective treatment". The Hansen's Disease Program also fulfilled the objective to "provide long-term care to Hansen's disease patients who have been disabled either directly from pathological effects of the disease, or psychologically or socially from the effects of prolonged institutionalization" in accordance with Hawaii statute.

C. Explanation of How Program's Effectiveness is Measured and Results

Effectiveness of the Communicable Disease Services is assessed through use of disease surveillance programs and epidemiologic data obtained from health care providers, clinics, hospitals, laboratories, and community-based organizations. The U.S. Centers for Disease Control and Prevention (CDC) provides various programs that enable us to assess program effectiveness, such as the National TB Program Objectives and the HIV Prevention Program Evaluation System. Discussion of performance results is included in Section IIA (above).

D. Discussion of Actions Taken to Improve Performance Results

The TB Program is working with SAPB, Public Health Nursing Branch, and the State Laboratory Division to improve completion of therapy, HIV testing of TB cases, and laboratory services to improve patient services and meet national and programmatic goals. Program evaluation was revised with a focus on case management activities, case review and improved HIV testing of TB cases. Development of special health education for COFA populations, including translation of materials and procurement of an outreach worker, is currently being sought. Recommendations from the 2005 CDC Guidelines on Contact Investigation are being implemented in the program.

The STD program is supporting the introduction of new data and reporting systems for HIV case management, STD laboratory services, and HIV prevention monitoring and evaluation. These will allow for better quality management and monitoring statewide while strengthening client services. The SAPB, with CDC funding, has been integrating viral hepatitis prevention into HIV/STD services for at risk adults statewide. This included hepatitis A and B vaccination and limited hepatitis C screening. The SAPB, in collaboration with the California STD/HIV Prevention Training Center, is providing ongoing trainings to clinicians, nurses, and field workers to strengthen prevention and treatment of HIV/AIDS, STD and viral hepatitis. HIV care contracts now focus on ensuring client access to and retention in HIV medical care and treatment. HIV care and treatment is increasingly effective and it is essential that no population in Hawaii be left without access to services.

New methods of accessing the Micronesian communities to assess for Hansen's disease (HD) are being identified and explored. Results from working with occupational training programs and homeless shelters catering to the Micronesian populations have been very effective to date. The program will continue working with employers with large numbers of employees from high-risk populations to offer confidential HD screening services.

E. Identification of all Modifications to the Program's Performance Measures and Discussion of Rationale for These Modifications

The Hansen's disease program previously added "number of high-risk people who receive outreach services" as a new target group to show additional services provided for high-risk groups. This proved to be difficult, and impossible to document accurately. Since the program objective is screening for HD, this new category was withdrawn and the existing category, "total high-risk group screened" was continued.

III. Problems and Issues

A. Discussion of Problems and Issues Encountered by Program

Although TB rates have been decreasing, Hawaii continues to report one of the highest annual case rates in the U.S. and has experienced one of the busiest periods with large scale, high visibility investigations of schools, cruise liners, and non-adherent patients. Revision of the current Hawaii Administrative Rules and Hawaii Revised Statutes may be needed to update the State's authority to handle cases that challenge the current legal controls for communicable diseases in the State. Hawaii's TB and HD case rates are mostly influenced by immigration. The Immigration Act of 1990 and the Compact of Free Association (COFA) have resulted in a steady influx of immigrants from nations in Asia and the Pacific Basin where TB and Hansen's disease is endemic.

Rates of gonorrhea and particularly chlamydia in Hawaii are increasing. The large number of patients who meet criteria for testing and the increased costs of accurate chlamydia tests provide challenges for STD control. Hawaii had the sixth highest chlamydia rates in the United States last year. Increasing numbers of individuals are living with HIV and they can require a range of specific medical and support services. It is proving difficult to maintain and expand accessibility to these services.

In the next few years, it is expected that there will not be additional increases in federal or state TB funding. This directly affects the number of patients who can receive Directly Observed Therapy (DOT) services, a core activity to ensure completion of therapy, reduce drug resistance, and reduce exposure in the community from infectious TB cases. Recent reductions in funding have led to a reduction in the number of DOT workers, and loss of the TB Health Educator, RPN for Community Outreach and Targeted Testing of high-risk populations.

The current digital radiographic system was initiated in 2003 and has been the foundation for providing reliable radiographic services for the TB Program, Department of Public Safety, State Mental Health Hospital, community shelters, and other public agencies. However, due to high volume (>15,000 images per year), the three X-ray scanners have experienced significant mechanical wear and tear, malfunction and repeated repair. Currently the program has only one functioning X-ray scanner, which continues to produce artifact on the digital images despite repeated repair. This is a potential liability. It is projected that due to the high volume of clients expected in summer 2008 there will be major delays in X-ray services and reduction in quality of images since an upgrade to a direct capture digital system was not approved in the upcoming budget.

The TB Program currently uses a marginally functioning, antiquated1992 DOS-based database with over 700,000 TB patient records stored. The Program is carefully evaluating several new TB software databases. A new database will allow the TB program to better track and manage any TB case, suspect, contact or screened client in the State without fear of loss of critical TB data.

In the next two years, it is expected that there will be additional decreases in federal TB funding. This directly affects the number of patients who can receive Directly Observed Therapy services, a core activity to ensure completion of therapy, reduce drug resistance, and reduce risk to the community from infectious cases. Recent reductions in federal funding have resulted in loss of the TB Health Educator and an RN for Outreach and Targeted Testing of high-risk populations.

The TB Program currently uses a marginally functioning, 1992, DOS-based database with over 700,000 TB patient records stored. The Program is carefully evaluating several TB software databases. A new database will allow the TB program to better track and manage any TB case, suspect, contact or screened client in the State.

Operating Kalaupapa is an especially difficult problem. Due to its geographic isolation, the facility has to be self-sufficient to provide the services required for a community. The operation is not

only costly but it is also difficult to attract and recruit qualified personnel to staff the program. Although administering Kalaupapa is costly, Section 326-40, *Hawaii Revised Statutes*, states that it is the policy of the State that the patient residents of Kalaupapa shall be accorded adequate health care and other services for the remainder of their lives. It is the policy of the State that any patient resident of Kalaupapa desiring to remain at the Settlement, shall be permitted to do so.

In addition, the aging of Kalaupapa patients (average age is 76 years) poses significant challenges with increasing infirmities and limitations adding to the progressive disabilities of Hansen's disease. Patients require greater numbers of sophisticated diagnostic tests, more and higher priced drugs, interventions and therapies, more frequent emergency medical evacuations, and more frequent and prolonged hospitalizations. The higher acuity of patients' medical problems has also placed a heavy burden on the nursing staff at Hale Mohalu Hospital and the Kalaupapa Nursing Facility, as patients require a higher level of care at both facilities.

B. Program Change Recommendations to Remedy Problems

The TB Program has tried to fill vacancies to rebuild the program after many staff retirements, maximize use of special CDC funds to train new supervisors/staff and improve infrastructure. Supervisors have been asked to update their section's Policies and Procedures, enhance teamwork and efficiency, and advance program evaluation. New initiatives include revision of the *Hawaii Administrative Rules* (HAR) and increased implementation of the new TB blood tests for screening, and planning for revision of the HAR for TB with the Attorney General's Office. The Program also plans to implement new CDC Contact Investigation Guidelines throughout the State, increase Community Outreach, re-emphasize targeted testing, and improve capacity, education and coordination of patients from other Pacific jurisdictions. The TB Program needs to find a solution to their X-ray system before the system experiences further problems and replace the ageing database system before loss of critical patient data.

Limited access to health care and vast cultural differences within the Pacific Islander population has required the HDB program to modify how HD medical services are delivered. The HD Outpatient Program has collaborated and formalized a weekly referral system with the DOH Early Access Program under Bilingual Health. HD education and screenings are offered to high risk persons in their homes since access to health care is a challenge for these persons. Church and community leaders within the target population continue to be identified and enlisted to engage, collaborate, and assist HD case finding and outreach. Outreach activities, nursing visits, and consultant visits on the neighbor islands were increased this past year, and will continue to increase in order to address the migration of this high-risk population from Oahu to Maui and Kona.

Increasing utilization of high cost medical services for Kalaupapa Settlement patients cannot be avoided. The HDB has attempted to mitigate these increasing costs by standardizing reimbursement to the Medicare fee schedule. Other cost efficiencies, such as utilizing generic drugs and over the counter "stock" medications when medically appropriate, have been pursued and implemented. The transfer of some of Kalaupapa infrastructure responsibilities from the DOH to the National Park Service (NPS) has been initiated as a means of decreasing DOH cost. Unstable federal funding for the NPS, however, has not allowed for a major transfer of responsibilities.

C. Identification of Any Program Issues or Problems and Corrective Measures/Remedies

Due to retirement of technical staff and loss of the TB Branches Public Health Administrative Officer, the TB Program must re-build its infrastructure, train new staff and develop initiatives in core activities to ensure sound TB policies and practices for the State. Updating the current medical–legal aspects of TB control will need to be addressed, including use of court orders and coordination among various public agencies (e.g., Department of Public Safety, Department of the Judiciary, Leahi Hospital, and Honolulu Police Department). The TB Program will need resources to replace the failing X-ray system and a better database system for its high volume of records before loss of patient information.

Hawaii is experiencing a significant increase in the rates of sexually transmitted diseases. The large number of patients who meet criteria for testing and the increased costs of accurate chlamydia tests provide challenges for STD control. In 2006, CDC funding to states for both STD and HIV was reduced by 3% and additionally reduced by 1% in 2007. These cuts, combined with increasing staff salaries, reduce the discretionary funding available for the program to meet service needs. As a result, services have been reduced to maintain focus on the highest priority populations and omitting others.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Appr'n for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(135.50)			(135.50)	(135.50)
Personal Services	9,327,882	280,940	(80,000)	9,528,822	9,528,822
Other Current Expenses	12,681,107		2,308,011	14,989,118	14,989,118
	(135.50)			(135.50)	(135.50)
TOTAL	22,008,989	280,940	2,228,011	24,517,940	24,517,940
Less:					
(pos'n count)	(16.50)			(16.50)	(16.50)
N-Federal Funds	7,923,827		2,228,011	10,151,838	10,151,838
(pos'n count)	(119.00)			(119.00)	(119.00)
A-General Funds	14,085,162	280,940		14,366,102	14,366,102

B. Narrative

1. Explanation of transfers within the Program ID

For HTH 100/DD, $80,000 general funds were transferred from Personal Services to Other Current Expenses to reimburse the Federal Cooperative Agreement for CDC assignee to the TB Branch Chief position.

For HTH 100/DI, $2,228,011 was transferred in to accommodate the Ryan White Care Act, Title II federal funding. This amount represented 75% of the grant award which needed to be obligated within 120 days after the beginning of the budget period beginning 4/1/07.

2. Explanation of transfers between Program IDs – None

3. Explanation of restrictions – None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(135.50)	- (1.00)	(134.50)
Personal Services	9,326,347	(259,920)	9,066,427
Other Current Expenses	12,681,107	217,776	12,898,883
	(135.50)	- (1.00)	(134.50)
TOTALS	22,007,454	(42,144)	21,965,310
Less:			
(pos'n ct.)	(16.50)		(16.50)
N—Federal Fund	7,923,827		7,923,827
(pos'n ct.)	(119.00)	- (1.00)	(118.00)
A—General Fund	14,083,627	(42,144)	14,041,483

A. HTH 100/DD: Delete four (4) temporary position in TB Control Branch (Item #O-9)

1. Description of Request

Delete four (4) temporary, federally funded positions in TB Control Branch due to lack of funding.

2. Listing of Positions and Cost Categories

	FY 2009
Personal Services	0 N

The 4.00 temporary FTEs are: 3 PMA IIs (#s 35298, 35299 & 47018) and an LPN II (#50508). All are vacant.

B. HTH 100/DI: Delete seven (7) temporary positions and transfer $217,776 from personal services to other current expenses.

1. Description of Request

Delete seven (7) temporary positions and transfer the funding of $217,776 from Personal Services to Other Current Expenses in the STD/AIDS Prevention Branch.

2. Listing of Positions and Cost Categories

	FY 2009
Personal Services	- 217,776
Other Current Expenses	217,776
	0 N

The 7.00 temporary FTEs include: 3 Epi Specialist IIIs (#s 40189, 40308 & 40310), 2 Statistics Clerk IIs (#s 50198 & 96010H), a Clerk Steno II (#39745), and a Research Statistician IV (#96011H). All position are vacant or have not been established.

C. **HTH 100/DG: Transfer out permanent position count from HTH 100/DG to HTH 907/AB (Item # TR-1a)**

1. **Description of Request**

Transfer permanent general fund position count only from a Clerk III in HTH 100/DG to HTH 907/AB for a Departmental Contracts Specialist

2. **Listing of Positions and Cost Categories**

	FY 2009	
	- (1.00)	
Personal Services	0	A

This is a housekeeping measure as at the time of the transfer the Clerk III (#06537) in HTH 100/DG was vacant. The Departmental Contracts Specialist IV (#118368) in HTH 907/AB is filled.

D. **HTH 100/DI: Delete temporary HIV-MMS Specialist IV and transfer Personal Services general funds from HTH 100/DI to HTH 907/AB (Item # TR-1b)**

1. **Description of Request**

Delete the temporary HIV Medical Management Services Specialist position in HTH 100/DI and transfer out general funds to HTH 907/AB for a Department Contract Specialist IV.

3. **Listing of Positions and Cost Categories**

	FY 2009	
Personal Services	- 42,144	A

This is a housekeeping measure as at the time of the transfer the HIV-MMS Specialist IV (#111582) had been vacant since 11/29/03 and the Departmental Contracts Specialist IV (#118368) is currently filled–see also above request.

VI. Program Restrictions/Reductions

None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 131 Disease Outbreak Control

I. Introduction

A. Summary of Program Objectives

To reduce the incidence, severity, and disabling effects related to communicable diseases, emerging disease threats, and potential acts of bioterrorism through surveillance, investigation, early detection, prevention, treatment, follow-up, and public risk reduction and education.

B. Description of Program Activities

This program is responsible for the prevention and control of infectious diseases except for Hansen's disease, tuberculosis (TB), and sexually transmitted diseases including acquired immunodeficiency syndrome (AIDS), for which separate programs have been established. This program is responsible for coordinating public health emergency preparedness planning activities and integrating these activities with surveillance and response mechanisms, along with uniform application of policies, procedures, and practices as they relate to the control and prevention of infectious diseases, emerging disease threats, and preparedness and response for public health emergencies throughout the state.

The chief activities of the Disease Outbreak Control Division (DOCD) include the following:

1. Maintain surveillance of the incidence of communicable diseases of public health concern.

2. Investigate disease outbreaks and single cases of important or unusual diseases.

3. Based on investigation findings and special studies, recommend improved disease prevention and control methods to physicians, other health care professionals, government agencies, industry (agriculture, dairy, poultry, other food), and the general public.

4. Provide assistance to physicians to diagnose and identify uncommon diseases and provide consultative assistance in treating such diseases upon request of the attending physician.

5. Promote use of vaccines by the public to protect themselves from various communicable diseases for which vaccines are available.

6. Provide vaccines for the immunization and protection of persons not able to pay for vaccines. Support immunization clinics with vaccine to reach elements of the population who are not able to access physicians in private practice.

7. Assess the state of readiness to respond to public health emergencies.

8. Inventory resources available to respond to public health emergencies.

9. Develop and promulgate plans to respond to public health emergencies.

DOCD is also working to strengthen collaboration between the Department of Health (DOH) and clinical commercial laboratories and hospitals to address the threat of emerging infectious diseases and bioterrorism. The intent of this collaboration is to enhance the epidemiologic and laboratory capacity of the state to respond to disease outbreaks by fostering joint investigations of academic merit into the etiology, pathogenesis, control, and prevention of communicable diseases.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The program intends to meet objectives by continuing and expanding current activities, managing existing resources efficiently, and, when available, proactively seeking additional federal funds.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

The program has responded to many new emerging infectious disease threats over the past several years including investigations of suspected anthrax attacks, murine typhus, hepatitis C, campylobacteriosis, leptospirosis, and invasive bacterial infections (flesh-eating bacteria), control of dengue fever, and establishment of West Nile Virus surveillance. This program also coordinates all public health emergency preparedness and response activities of the Department, including initiating of the National Smallpox Vaccination Program and maintaining the state's pandemic influenza plan. In addition, this program has collaborated with the Department of Education and the Hawai'i Association of Independent Schools as well as multiple other partners to implement a statewide school influenza vaccination program for children in grades K-8.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The core function of the Department is to protect the health of the public. Control and prevention of infectious diseases is essential to this effort. The current activities in surveillance, disease investigation, and promotion of immunization against vaccine preventable diseases are in keeping with the Department's mission of assessment and assurance of core public health functions. The program's responsibilities to prepare for and respond to the threat of bioterrorism and other public health emergencies are also critical to the Department's mission.

C. Explanation of How Program's Effectiveness is Measured and Results

Program effectiveness is measured by the frequency of response to disease reports; the number of outbreaks investigated; the effectiveness of control measures; the number of vaccines provided to eligible children and adults; the number of schools and day care

centers ensuring that enrolled children are appropriately immunized; and the number of persons, including infants born to hepatitis B carrier mothers, who are screened and vaccinated against hepatitis B. These performance measures are appropriate and additional measures are not necessary at this time. Program performance has been good, although DOCD staff continue to enhance performance to ensure public health needs are more than met.

D. Discussion of Actions Taken to Improve Performance Results

DOCD was established specifically to provide an organizational structure that would permit the State to improve control and prevention of infectious diseases. Federal funds have enabled the Department to establish the Bioterrorism Preparedness and Response Branch, which focuses on public health emergency and bioterrorism preparedness and response, now integral components of ensuring national security in each state. The Bioterrorism Branch facilitates implementation of growing public health emergency preparedness duties, and broadens the state's capabilities to protect the public from infectious disease outbreaks with potentially widespread impact.

Federal funds have enabled the Disease Investigation Branch to begin implementation of more efficient electronic reporting of infectious diseases. These systems provide quicker response times between the reporting of a disease and interviews with doctors and patients to identify possible sources of an outbreak and implement countermeasures as indicated.

The Immunization Branch has begun critical work on an immunization registry to more closely monitor the vaccination status of the population and therefore ensure better matching of resources to needs as well as potentially address the need to track vaccinated individuals during an influenza pandemic.

Federal funds have enabled the Department to implement a statewide influenza immunization project for schoolchildren in kindergarten through 8th grade. Children have high rates of seasonal influenza illness and are major transmitters of this illness to others. The goal of this initiative is to ascertain whether school-based influenza vaccinations are beneficial from a societal perspective, i.e. contribute to reducing community illness and absenteeism rates and their associated costs.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications – None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

1. Rapid Expansion of Duties:

   Infectious disease is a major cause of morbidity and the control of infectious disease outbreaks remains a core function of the Department of Health through the activities of DOCD. In recent years, infectious pathogens with substantial national and global impact, such as West Nile virus and Severe Acute Respiratory Syndrome (SARS) coronavirus, respectively, have reemerged or emerged, and other equally and perhaps more consequential infectious disease threats, such as an influenza pandemic, that require planning and preparation loom ominously. In addition to the

large-scale public health hazards, diseases more common to our state but uncommon to most mainland states, such as leptospirosis and murine typhus, are a constant concern. Finally, infections common to all states, such as methicillin-resistant *Staphylococcus aureus* or *Salmonella*, are also constant concerns. Therefore, a concerted effort to prevent and control infectious pathogens is imperative to protect the public.

The need to prevent and control infectious illnesses has led to the development of improved disease surveillance systems. Comprehensive surveillance data ensure timely alerts to the occurrence of potential disease outbreaks and prompt appropriate investigation and control measures. DOCD is responsible for maintaining and enhancing the surveillance and response capabilities of our statewide disease investigation program. Examples of new initiatives in recent years include:

- Implementation of Electronic Laboratory Reporting as part of the National Electronic Disease Surveillance System (NEDSS)
- Development of enhanced surveillance for influenza to assist in planning for a worldwide epidemic (i.e., pandemic)
- Conducting specialized public health investigations of emerging infectious health threats including *Campylobacter* infection, leptospirosis, dengue fever, hepatitis B, hepatitis C, and *Salmonella* infection
- Preparations for a statewide immunization registry
- Development of new molecular methods to complement investigations including polymerase chain reaction (PCR) testing and pulsed-field gel electrophoresis (PFGE) technologies
- Incorporation of geographic information systems into disease investigations and surveillance

2. New Roles and Duties for Public Health Staff:

With the advent of the anthrax attacks in 2001, infectious disease outbreak control and prevention activities have now become an integral component of ensuring national security. In practical terms, this new role for public health professionals means we must coordinate our planning with new partners, including the Federal Bureau of Investigations, fire departments, police departments, civil defense agencies, and the National Guard resources locally available. Because infectious disease control is new to these agencies, public health staff must take the lead in building appropriate and effective collaborations to address disease threats. This effort will take substantial resources and time to incorporate and maintain successfully.

3. Lack of Appropriate Positions to Do the Job Required:

The mandates, scope, and functions of infectious disease control programs have grown steadily over the past decade to keep pace with emerging pathogens, new vaccination strategies, new laboratory diagnostic tools, new electronic disease reporting and tracking capabilities, and the threat of bioterrorism. This rapid and

exponential expansion of duties is coupled with a concomitant increase in the complexity of the work involved, ultimately resulting in a tremendous increase in the skill and effort needed to perform these activities successfully. Unfortunately, the types of civil service positions available do not reflect these increases in the complexity of the work or the skills, education, and experience needed to be maximally effective with our disease control efforts. As a result, the compensation attached to the available positions in epidemiology, microbiology, and data information systems is too low to attract sufficient qualified staff. This trend needs to be reversed if the Department is to be fully prepared to protect the public's health in the future.

B. Program Change Recommendations to Remedy Problems

1. Establish a new class of positions for Epidemiologists. The Epidemiologist class series should go from entry level through doctoral training and reflect the skills and abilities required to scientifically and methodically analyze data regarding infectious disease reports to successfully identify, control, and prevent potential infectious disease threats in the modern age. Compensation must be competitive to ensure that enough qualified staff can be employed to fill these critical public health positions. Review and revise the microbiologist series and establish adequate compensation to attract sufficient qualified staff to meet infectious disease control needs. Review and revise the information technology and informatics positions within the Department and establish adequate compensation to attract adequate qualified staff to meet infectious disease control needs.

2. Continue to seek and maximize federal cooperative agreement support for public health preparedness and response for bioterrorism planning.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

The types of civil service positions available do not reflect the complexity of the work or the skills, education, and experience required to be maximally effective to ensure disease control and prevention. As a result, the compensation attached to the available positions in epidemiology, microbiology, and data information systems is too low to attract enough qualified staff. This trend needs to be reversed if the Department is to be fully prepared to protect the public's health in the future.

DOCD staff has met with Department human resources staff to address the need for additional civil service job titles. The long arduous process to create new civil service classes does not meet the immediate needs of the program. However, long-term needs may be served if a new class series can be established.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(position count)	(55.00)			(55.00)	(55.00)
Personal Services	6,365,381	40,023	610,000	7,015,404	7,015,404
Other Current Expenses	7,222,119		(110,000)	7,112,119	7,112,119
Equipment	826,118		(500,000)	326,118	326,118
	(55.00)			(55.00)	(55.00)
TOTALS	14,413,618	40,023		14,453,641	14,453,641
Less:					
(position count)	(34.40)			(34.40)	(34.40)
N—Federal Fund	12,749,641			12,749,641	12,749,641
(position count)	(20.60)			(20.60)	(20.60)
A–General Fund	1,663,977	40,023		1,704,000	1,704,000

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program**

   Transfer of federal fund ceiling from Other Current Expenses and Equipment to Personal Services for the Public Health Emergency Preparedness cooperative agreement.

2. **Explanation of transfers between Program IDs and Impact on the Program** – None

3. **Explanation of Restrictions and the Impact on the Program** – None

V. **Supplemental Budget Request for FY 2008-09**

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(position count)	(55.00)		(55.00)
Personal Services	6,365,381	69,639	6,435,020
Other Current Expenses	7,222,119		7,222,119
Equipment	826,118		826,118
	(55.00)		(55.00)
TOTALS	14,413,618	69,639	14,483,257
Less:			
(position count)	(34.40)		(34.40)
N—Federal Fund	12,749,641	69,639	12,819,280
(position count)	(20.60)		(20.60)
A–General Fund	1,663,977		1,663,977

A. **Establish a new temporary Information Technology Specialist position (#99501H) (Item #0-11)**

1. **Description of Request**

This position is to develop and implement integrated surveillance systems that can transfer appropriate standards-based health, laboratory, and clinical data efficiently and securely over the Internet and to establish and support electronic messaging capabilities based on the National Electronic Disease Surveillance System (NEDSS).

The position is the sole technical support for the State Electronic Communicable Disease Reporting System (ECDRS), which transmits all clinical laboratory reports of mandated notifiable disease conditions. ECDRS reports comprise 90% of Hawaii's infectious disease surveillance system, a core function of public health.

Hawaii has implemented electronic laboratory reporting (ELR) as part of NEDSS. ELR links all major laboratories in the state to the Disease Outbreak Control Division to provide real-time electronic reporting of test results for diseases of public health concern.

This position serves as the administrator of the ECDRS; PHS3, the Hawaii application for NEDSS; and the State Provider Database for emergency notification of healthcare practitioners. The position works with contracted industry consultants on upgrades and interfaces among electronic reporting systems and databases.

Existing information technology positions in the Department of Health are unable to incorporate these additional duties, as they are already working at or beyond

maximum capacity. This additional position is needed to carry out duties in continued support of new information technology systems.

This position performs functions that are critical to successfully meeting the objectives of the Epidemiology and Laboratory Capacity cooperative agreement with the Centers for Disease Control and Prevention. The electronic systems that this position supports will enable Hawaii to improve disease surveillance, enhance detection and investigation of communicable disease outbreaks, and better utilize surveillance data for public health practice and clinical follow-up. These data systems will ensure comprehensive reporting of notifiable diseases and allow for a more rapid response to pathogens that threaten the health of the public.

If the request is deferred, Hawaii will not be in compliance with NEDSS and ECDRS requirements, and surveillance of infectious diseases will be inadequate. This will negatively affect the health and safety of the people of Hawaii.

This position is critical and on-going that needs to be incorporated in the budget. The current federal grant has sufficient funds to accommodate this position.

2. Listing of Positions and Cost Categories

	FY 2009
Personal Services	
Information Technology Specialist V, SR-24 (#99501H)	69,639 N

VI. Program Restrictions – None

EXECUTIVE BIENNIUM BUDGET REQUEST
Department of Health
FB 2008- 09

Program I.D. & Title: HTH 141 - Dental Diseases

I. Introduction

A. Summary of Program Objectives

To promote oral health and reduce the incidence of and severity related to dental caries, oral diseases, and abnormalities through preventive dental hygiene services and other dental health programs; and by increasing public awareness and professional education.

B. Description of Program Activities

New methods of preventing and controlling dental diseases are evaluated, and if feasible, proposed for implementation as public health programming. Dental care services are provided by program personnel to patients in Hawaii State institutions, including Hawaii State Hospital (HSH) and Kalaupapa Settlement as well as to community-based clients at the Department's regional health centers on Oahu. Treatment services are provided primarily to indigent developmentally disabled, mentally ill, and medically fragile Hawaii residents. During fiscal year 2007, the program provided dental treatment for 1,839 needy individuals through more than 4,989 patient visits.

Long-term care and health care providers at State institutions, including programs associated with the Developmental Disabilities Division (DDD), HSH, and Kalaupapa Settlement, are provided with training by this program in oral health maintenance and hygiene for disabled patients, who also receive required annual dental examinations and treatment as indicated.

Children in selected grades are given the opportunity to receive topical fluoride applications to reduce the incidence and severity of tooth decay. Classroom instruction on oral health care by qualified staff is also available through this program. Assistance is provided to teachers with curriculum development on dental health. Public school children in grades K-6 are screened for dental problems and appropriate referrals with follow-up is made. In some needy communities, services are offered for children through grade 12. Fluoride mouth rinse programs have been implemented in selected schools, targeting schools underserved by the Dental Hygiene Branch (DHB) due to staffing limitations. These programs were created through partnerships of personnel from the DHB with volunteers from the school community, including school administrators, teachers and parents. During fiscal year 2007, the program had contact with 38,300 public school children who participated in disease prevention and oral health education programs at 94 public schools statewide.

Public information on various dental health subjects is provided through a variety of oral disease prevention programs. Program staff work with other State and private agency personnel in the coordination of programming designed to enhance community dental health, including Honolulu Community Action Program, Hawaii Head Start Association, Parents and Children Together (PACT), Healthy Start, WIC, University of Hawaii School of Nursing & Dental Hygiene, John A. Burns School of Medicine Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities Project (MCH LEND), The Queen's Medical Center General Practice Dental Residency Program, Clinical Research Center, Hawaii Dental Association, Hawaii Dental Samaritans, Kapiolani Community College Dental Assisting Program, Life Foundation, Pacific Basin Dental Association, Hawaii Dental Association, Papa Ola Lokahi, Hawaii Special Olympics, Department of Commerce and Consumer Affairs, Department of Public Safety, Department of Human Services and Crime Victims Compensation Commission. (While the program maintained a direct interface and provided technical support for the Med-QUEST Division of the Department of Human Services from 1994 through the summer of 2007, that relationship has been terminated.)

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The DHB has established partnerships with other Department of Health (DOH) programs that assist in funding activities that the Branch would not be able to accomplish with its current funding level. Through these partnerships, it is hoped that the Branch staff will be able to provide dental hygiene programming on every neighbor island in selected schools and grades.

The Division Administration and the Hospital and Community Dental Services Branch (HCDSB) will be able to fulfill the clinical objectives. Through policy development and program administration, clinical oral health services will be provided to many of the most needy and vulnerable in our community. Currently, the Division provides direct clinical services to this population on Oahu and at Kalaupapa, Molokai. The Division lacks the capacity to provide direct clinical services on other islands and there are no plans to expand dental treatment programming through the establishment of department dental clinics on other islands. Critical problems requiring surgical intervention are addressed by transporting clients at Medicaid program expense to Honolulu for treatment by Division personnel or to The Queen's Medical Center General Practice Dental Residency Program for hospital-based dental services. The department proposes to maintain the valuable cooperative contractual working relationship with The Queen's Medical Center, which provides a unique hospital dentistry service including trauma and severe infection management and dental care for medically fragile Hawaii residents and other persons who require dental treatment in a controlled, hospital-based setting.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

Due to increased demand for school-based Dental Hygiene Branch (DHD) programming in the past two years, which have outweighed program staff capacity, program administrators needed to take a critical and conservative view of opportunities made available at each public elementary school. Programs are designed to strive to address the needs for each school served, given the unique nature of each location. Program support was also provided for other programs within the DOH that have mandated oral health initiatives, including the Maternal & Child Health Branch, WIC, and HSH. The DHB has assisted these programs in order to assure that they consistently remain in compliance with oral health component performance mandates which they are obligated to meet.

The HCDSB program manager has refined quality assurance programs that included clinic and staff production monitoring, tracking of a patient complaints and inquiries process, and in-house continuing professional education relating to oral health care and management of disabled clients. Changes were instituted in the Branch's eligibility determination and claims submission procedures as the Med-QUEST Division transitioned to new client identification cards and to a new fiscal agent, Cyrca Hawaii.

Many medically indigent and categorically mentally and developmentally disabled Hawaii residents have difficulty accessing dental care through private sector providers. They continue to receive preventive, restorative, prosthodontic, endodontic and oral surgery dental care from Branch dental staff at State-operated dental clinics located in regional community health centers on Oahu.

The HCDSB Program Manager collaborated with Special Olympics Hawaii and involved private sector dentists and dental hygienists, dental hygiene and dental assisting students from the University of Hawaii at Manoa School of Nursing and Dental Hygiene and Kapiolani Community College and attending staff and residents from The Queen's Medical Center General Practice Dental Residency Program. The HCDSB assisted with the Special Smiles Program, which screened and provided oral health education to hundreds of special needs adult and youth athletes, families, and other caregivers. Referrals were made to appropriate dental care providers and State dental clinics. The Program Manager is actively involved with the Board of Dental Examiners and the Central Regional Dental Testing Service that administers the ADEX dental licensing exam, The Queen's Medical Center Dental Residency Program, and is a consultant to various Hawaii and Head Start and oral health programs in various western Pacific jurisdictions. Division administrators have staff privileges at The Queen's Medical Center and serve as faculty with the Medical Center's General Practice Dental Residency program, where they mentor dental residents in the areas of public health practice and the dental treatment of medically fragile and other patients with disabilities.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

Hawaii is documented to have among the highest rates of dental disease in early childhood in the nation. The programs of the DHD provide the only organized dental public health activities in the State of Hawaii aimed at community health assessment, helping to assure access to basic dental care, early detection and intervention of dental disease among populations with low utilization and access to mainstream, private sector dental care and school-based and community-based oral health education and oral disease prevention strategies. The performance measures relate to an effort to maximize output. Within the practice of dental public health, these relate directly to the mission of the department, "...to provide the leadership to protect and enhance the health of all people in Hawaii".

C. Explanation of How Program's Effectiveness is Measured and Results

All programs involving Division staff and facilities are monitored for production and efficiency. A computerized system for monitoring current oral health status and tracking facility and individual staff output over time was developed and is maintained. Regular reports generated by Division data bases allow program managers to make adjustments in staffing in order to maximize both efficiency and effectiveness. We are fortunate to have the in-house capability to create and maintain these computer data management systems and data base analysis programs that were designed and written by the program administrators at no cost to the State.

School-based and community-based programs of the DHB vary from site to site according to a variety of factors. Given the shortage of program staff and the high level of needs found among school-age children and high-risk populations, programs made available to schools and communities vary. Program emphasis varies by site and may include oral health screening and referral, topical fluoride applications, classroom instruction on oral health and hygiene, teachers support for curriculum development, school-based weekly fluoride rinse, daily tooth brushing programs, training of caregivers for the disabled, geriatric oral health care, pregnant teens or new parents, developing protocol and initiative in a daily oral hygiene program or developing an oral health initiative in a specific facility program or school. Each school or program could possibly have a unique individual protocol that is appropriate for their specific group need.

D. Discussion of Actions Taken to Improve Performance Results

Program performance is monitored on an on-going basis. Out-put is evaluated for consistency in quality and quantity. There is also continuous monitoring of the most economical and efficient way to deliver services to those populations that need it the most. Program performance and program policies and procedures are reviewed and adjusted at least quarterly with all Division staff.

E. **Identification of all Modifications to the Program's Performance Measurers and Discuss the Rationale for the Modifications**

NONE

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

1. Cost of dental care

Continuous requests for dental care are received from the disabled elderly, care home residents, immigrants, uninsured and needy families. Manpower to provide dental care services to these target populations is inadequate at the present time. The proportion of persons in Hawaii who are elderly is steadily increasing and Medicare provides no coverage for routine comprehensive dental care for older adults. The elderly on fixed, limited incomes are seeking dental services more frequently from the State-operated dental clinics. Uninsured adults also find it difficult to secure emergency dental care in the private offices because of the high cost of treatment and dental insurance co-payments. Immigrants find it difficult to enter the mainstream of dental care through private dental offices because of finances and difficulties of social adjustment. The community-based dental clinics have been able to accommodate many seeking basic dental services on Oahu; however, there are no State-operated clinics on the neighbor islands.

2. Access to dental services

A consistently high number of Medicaid recipients and medically compromised patients are unable to obtain dental care from the private sector dental care providers. Patients are referred to this program's facilities by other federal and state government public health and social service agencies and private sector health care providers due to the shortage of dental providers working with low income and disabled population groups. Presently, the State does not operate dental clinics on the neighbor islands and access to even emergency dental care (to relieve pain and infection) is inadequate. Medicaid recipients from the neighbor islands are periodically flown to Oahu for emergency dental services due to a shortage of private sector dentists or their unwillingness to accept referrals of Medicaid recipients. Of particular concern to the department is the limited access to care for persons with disabilities, including the developmentally and/or mentally disabled and persons residing in long-term care facilities. In recent years, there has been an increase in the number of dental clinics at federally qualified community health centers which helped address the backlog of need in some communities. However, their capacity to assist severely disabled children and adults in their communities is limited.

3. Workforce

A policy of deinstitutionalization by the DOH has resulted in increased demand for dental care in State administered regional health centers. Clients from DDD and HSH are placed in community-based living facilities resulting in an increased demand for dental care in the community-based DOH dental clinics. While the Department's dental clinics are very efficient and operate at minimal expense, they are operating beyond reasonable capacity at present and are booking appointments as much as 6 months into the future.

Positions in the DHB were affected by a reduction-in-force resulting in the elimination of dental hygiene staff in oral health prevention programs on the Islands of Maui, Kaua`i, Lana`i and Hawai'i (Kona). One dental hygienist now resides on the Island of Molokai providing service, including traveling to Lanai and Maui providing dental hygiene services to those communities on a limited basis.

Salaries and benefits for professional dental staff in civil service is not competitive with private non-profit and for profit sector. Both dentists and dental hygienists are paid at rates which are half the rates paid by private dentists and federally qualified health centers. As a result, the program has significant difficulty recruiting for and retaining clinical staff.

B. Program Change Recommendations to Remedy Problems

The Division will continue to work and collaborate with the private sector providers by making them aware of the enormous problem the uninsured and under-insured population have in accessing dental treatment services and encouraging them to serve this population.

The Division will continue to collaborate with organizations that serve this indigent population and assist clients in understanding their benefits, how to use them, and how to be responsible for all of their benefits.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

In the coming year, the issue of low staff compensation must be addressed. The backbone of a public health agency is its professional staff. If we are not able to compensate our staff at competitive rates, the program will not be capable of responding to community needs. Presently, compensation available at subsidized federally qualified (community) health centers and comparable non-profits far exceeds that available through civil service.

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(25.00)			(25.00)	(25.00)
Personal Services	1,372,237	47,243	-125,336	1,294,144	1,294,144
Other Current Expenses	371,147		125,336	496,483	496,483
	(25.00)			(25.00)	(25.00)
TOTALS-General Funds	1,743,384	47,243		1,790,627	1,790,627

B. Narrative

1. **Explanations of transfers within the Program ID and Impact on the Program -**

   A transfer of $125,226 from Personal Services to Other Current Expenses was made to address costs related to contract audits, updated computer software, air conditioning replacement, education curriculum materials, and other essential unfunded operating expenses. The transfer of available funds from Personal Services to Other Current Expenses is a result of ongoing difficulties in filling clinical staff due in part to the State's non-competitive salary scale as compared to the private sector.

2. **Explanation of transfers between Program IDs and Impact on the Program** – NONE

3. **Explanation of Restrictions and the Impact on the Program** – NONE

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(25.00)		(25.00)
Personal Services	1,372,237		1,372,237
Other Current Expenses	371,147		371,147
	(25.00)		(25.00)
TOTALS - General Funds	1,743,384		1,743,384

Narrative - None

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 560 Family Health Services

I. Introduction

A. Summary of Program Objectives

To improve the well-being of families with a focus on infants, children, and women of child-bearing age by increasing public awareness and professional education, and assuring access to a system of family centered, community-based preventive, early detection, treatment, habilitative and rehabilitative services.

B. Description of Program Activities

The Family Health Services Division (FHSD) is comprised of three branches: the Maternal and Child Health Branch, the Children with Special Health Needs Branch and the WIC Services Branch.

The Maternal and Child Health Branch (MCHB) provides:

1. Contractual health care and support services through community-based purchase of service agreements targeting women, children, and families who are at-risk and vulnerable. This includes low income, underserved and high-risk individuals and families in selected communities statewide. Programs offer support services to individuals, client/family through needs assessment, care coordination, outreach and referral, and health education/counseling. The objectives for support services include assisting individuals and communities to shape protective behaviors and lifestyles and maintain a level of health, wellness and safety. Program services most commonly provided are in the areas of: primary care; child abuse prevention/family strengthening; women's health; family planning; parenting; perinatal support; substance use prevention; adolescent health; sex assault prevention; and child health.

   The federal Healthy Start: Eliminating Disparities in Perinatal Health – Border Initiatives on the Big Island supports services and community engagement through culturally based approaches.

2. Collaboration with the Department of Education through the Coordinated School Health Program continues to identify strategies to impact the health of the school age children. Compelling issues include improving physical activity, healthy weight and supporting the approved health education standards and curriculum. Expanded partnerships with private organizations in the community provide additional resources to the school health arena.

3. Community health education and media awareness on issues relative to women, children, and adolescent health issues such as preconception and interconception care, perinatal care, family planning and reproductive health, substance use, child and adolescent development and emotional well-being and all forms of violence prevention including domestic violence, sex assault, child abuse prevention and suicide.

4. Program planning, collaboration, and standard setting with public and private agencies to assure a continuum of service provision and access to services, and promotion of women, infants, children, and adolescents health in the context of families and the communities in which they live statewide. This includes collaboration with community partners to build capacity, knowledge and skills in identified areas. Utilization of Maternal and Child Health

surveillance data such as the Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS) has resulted in advocacy and legislative activities to address unintended pregnancy through Emergency Contraception, expansion of family planning, preconception and reproductive health clinical and community based education services, Family Health Services Division to ensure optimal, inter-departmental coordination of Fetal Alcohol Syndrome Disorder (FASD)-related services and planning. Other Hawaii academic research supported awareness of women and perinatal health needs through advocacy and legislation resulting in Oahu based services for methamphetamine and other substance using pregnant women during prenatal and postpartum care.

5. Early identification and screening of risk factors relative to women, infant, child and adolescent health through the promotion of standards and the provision of training for purchase of service (POS) providers and other stakeholders. These activities are intended to support the prevention of substance use, unintended pregnancy, sexually transmitted diseases, child and family violence, learning and developmental delays, dental caries, and obesity. In excess of approximately 50,000 individuals received some form of health education and screening through maternal and child health supported programs statewide. Strategies range from individual services to a variety of group and community activities.

Children with Special Health Needs Branch (CSHNB) serves children with special health needs who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that generally required by children and their families. The following are the programs and services provided by CSHNB:

1. Newborn Metabolic Screening Program (NBMSP) assures that all infants born in Hawaii are satisfactorily screened for 32 disorders which may have serious consequences such as mental retardation or death if not identified and treated early. The program assures appropriate and timely intervention services.

2. Newborn Hearing Screening Program (NHSP) assures statewide hearing screening of newborns, diagnostic and habilitation services for young children with a hearing loss or suspected hearing loss, and assurance of appropriate and timely intervention services.

3. Hawaii Birth Defects Program (HBDP) is a population-based active surveillance system which finds and collects demographic, diagnostic, and health risk information on infants up to one year of age with specific birth defects and pregnancies resulting in adverse reproductive outcomes. It provides data and information on incidence, trends, and clustering, which contribute to the identification of genetic, environmental hazards, and other causes or risk factors.

4. Early Intervention (EI) Section is responsible for the statewide early intervention service system for children age 0 to 3 years who are developmentally delayed, biologically at risk, or environmentally at risk. Services are mandated by Part C of the Individuals with Disabilities Education Act (IDEA) and supported through Section 321-353, HRS. Services include care coordination, family counseling, audiology, special education, speech language, occupational therapy, physical therapy, social work, nutrition, psychological services, assistive technology, transportation, and vision services. Special projects include: the Respite Program; Inclusion Project to increase capacity of community preschools and home care providers to serve children with special needs; and Keiki Care mental health consultation in preschools. The EI Section assists with interim care coordination and developmental and behavioral screening to support the application and transition of their clientele over age 3 years into the DOE special education preschool.

5. Children with Special Health Needs Program (CSHNP) provides information and referral, outreach, care coordination, social work, and medical nutrition therapy for children with

special health care needs. It provides pediatric cardiology and neurology clinics on the islands of Hawaii, Kauai, and Maui where these services are not available. Financial assistance for medical specialty services is provided as a "safety net" for children who have no other resources.

6. Preschool Developmental Screening Program (PDSP) promotes the early identification of developmental/behavioral problems in children age 3-5 years. Activities include developmental screening, provision of educational and intervention strategies for children with developmental/behavioral concerns, and training of screeners.

7. Genetics Program plans and develops statewide genetics activities in coordination with other public and private organizations; assesses genetic needs; and promotes the prevention and intervention for genetic disorders. Two federally-funded grant projects are: Heritable Disorders; and Sickle Cell Disease Project.

The WIC Services Branch (WIC Branch) provides services on all islands through seven State-operated local agencies on Maui; Kauai, Hawaii including four on Oahu, and nine POS operated local agencies on Maui, Lanai, and Molokai, Hawaii including five on Oahu.

WIC Branch serves approximately 33,000 low-income pregnant and post-partum women, infants and children up to the age of five at nutritional risk throughout the State each month out of an estimated 43,500 eligible individuals. Activities include checks provided for supplemental foods, nutrition education contacts provided for women and children older than two years of age with overweight risk factors and prenatal breastfeeding information contacts. Approximately 125 stores are authorized to cash WIC checks for supplemental foods.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The MCHB places priority on key public health functions as needs assessment, planning, policy development, and assurance of health care for higher risk populations. Population based analysis, planning, and programmatic evaluation are the primary activities in carrying out these functions. Services through community based organizations focus on public awareness and health education, screening and early identification of risk behaviors, and the provision of medical and psychosocial services for uninsured and underinsured populations. In order to achieve the stated objectives, it is necessary to collaborate with other organizational units within the Department of Health, and with statewide initiatives and organizations such as the Good Beginnings Alliance, Healthy Mothers, Healthy Babies Coalition of Hawaii, March of Dimes Hawaii Chapter, Hawaii State Commission on the Status of Women, Child Welfare Services including the Blueprint for Change and Temporary Assistance to Needy Families (TANF) Program, Hawaii Children's Trust Fund, Hawaii Community Foundation, and the Hawaii Primary Care Association, among others. Additional partnerships in the area of women's health have been expanded to include HMSA, Kaiser, Aloha Care, Kapiolani Women's Center, and the Queens Women's Health Center. The MCHB will continue efforts to maximize federal revenues and seek additional federal grants as opportunities occur.

The CSHNB will follow the framework of essential public health services to promote the health of children with special health care needs (CSHCN). These include:

- Assess and monitor the health status of CSHCN;
- Data/surveillance of health problems affecting CSHCN;
- Inform and educate the public and families about CSHCN issues;
- Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve CSHCN related problems;
- Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of CSHCN;
- Promote the legal requirements that protect the health and safety of CSHCN; and

- Link CSHCN to health and other community and family services, and assure access to comprehensive quality systems of care.

The WIC Branch intends to meet its objectives by providing direct services to eligible participants through local agencies. Local agency staff certifies eligible participants, provides quality nutrition education and counseling, makes appropriate referrals and provide supplemental foods. The Program participates in the Western States Contracting Alliance to procure contract infant formula and breast pumps to maximize funding.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

The maternal and child health arena is impacted by an economy with wider income gaps, less affordable housing, an in migration of new populations from a variety of cultural backgrounds, and stressors associated with these economic, social and cultural issues. The leveling of prevention and treatment services to an ever increasing at-risk population is a concern. For example, there has been an increase in infant, pre-term, and post neonatal mortality rate, the stabilization of a higher than desired unintended pregnancy rate, continued reports of substance use in the population including pregnant women and adolescents, increases in domestic and school violence, suicide rates of young adults; and, continued cases of Chlamydia among the young female population in the State.

Key performance results for the CSHNB include:

- Approximately 99.7% of all live births are screened annually for newborn metabolic disorders.
- Approximately 99.0% of all live births are screened annually for newborn hearing impairment.
- Screening/diagnostic services are provided for approximately 2,000 children age 3-5 years annually.
- Early intervention services are provided annually for approximately 2,389 children ages 0-3 years with developmental delays.
- Respite services are provided annually for approximately 304 families of CSHCN.
- Program services are provided annually to approximately 1,350 children with special health needs age 0-21 years. This includes outreach/case finding social work services for children age 16 or older with Supplemental Security Income (SSI).

In FY 2007, WIC Branch issued supplemental foods to an average of 32,500 participants monthly. No significant difference in FY 2008 is expected. POS agency reimbursement increased from $11.50 per participant per month in FY 2006 to $11.75 from October 1, 2006 to $12.00 from October 1, 2007.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The programs support the Department's mission to protect and promote the physical and psychological health of Hawaii's people, through implementation of the core public health functions of assessment, policy development and assurance.

CSHNB provides these services under the following *Hawaii Revised Statutes:*:

Hawaii Revised Statutes (HRS)	Description
§321-51 to 52	Children with Special Health Needs
§321-291	Newborn Metabolic Screening
§321-351 to 354	Infants and Toddlers
§321-361 to 363	Statewide Newborn Hearing Screening Program
§321-421 to 426	Birth Defects Program
§324-41 to 44	Birth Defects Studies

The performance measures are all in keeping with the mission of the DOH and the Maternal and Child Health (aka Title V) Block Grant especially as they relate to the core public health functions of assessment, policy development, and assurance. Resources within the branches are directed to those problems that raise the greatest risk to public health and the prevention of the most costly poor health outcomes. Services are targeted to the most vulnerable populations throughout the State, not covered by any other source of care.

The WIC Branch contributes to the Department's mission by monitoring, promoting, protecting, and enhancing the health and well being of low-income pregnant and postpartum women, infants and children at nutritional risk. WIC's focus on overweight children and women and on breastfeeding relates directly to this mission. WIC checks for supplemental foods provide food security for needy families.

C. Explanation of How Program's Effectiveness is Measured and Results

The MCHB tracks a variety of process and outcome measures annually based on federal and State requirements. MCH data sources include:

- Data systems specific to program areas such as perinatal, family planning, child health and family support;
- PRAMS;
- Community surveys in collaboration with others, i.e., Behavioral Risk Factors Surveillance System, Middle and High School Youth Risk Behavior Survey, Vital Statistics, Alcohol and Drug Abuse Division (ADAD), Tobacco Program and Kids Count Data;
- Contracts with private agencies to conduct program evaluation and funds available through private/federal grants;
- Quality improvement information gathered through monitoring by MCHB staff during program site visits; and
- Other primary and secondary sources available in the community.

The Healthy Start Eliminating Disparities in Perinatal Health – Border Initiatives Grant on the Big Island collects program and community data on perinatal, post partum/interconception and infant health; and, is assessing this system of care including its cultural components.

For the CSHNB, program effectiveness is measured by national and state performance measures which are required for the federal Title V Block Grant. Measures include:

- % of newborns who are screened and confirmed with State-mandated conditions who receive appropriate follow-up.
- % children with special health care needs (CSHCN) age 0-18 years whose families partner in decision-making at all levels and are satisfied with the services they receive.
- % of CSHCN age 0-18 years who receive coordinated, ongoing, comprehensive care within a "medical/health home".
- % of CSHCN age 0-18 years whose families have adequate private and/or public insurance to pay for the services they need.

- % of CSHCN age 0-18 years whose families report that community-based service systems are organized so they can use them easily.
- % of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life.
- % of newborns who have been screened for hearing before hospital discharge.
- % of infants with hearing loss who are receiving appropriate intervention services by age 6 months.
- Degree to which the action plan that supports or facilitates the transition of children and youth with special health care needs to adult life is implemented.

WIC Branch effectiveness is measured by the following measures of effectiveness (MOEs):

- Percent of identified overweight WIC women and children two years of age and over receiving counseling. 100% of the measure was achieved for FY 2007 and 100% is expected for FY 2008.
- Percent of WIC women who initiate breastfeeding. The breastfeeding initiation rate for FY 2007 is 89%. Rates are projected to increase to 92% for FY 2008.

D. Discussion of Actions Taken to Improve Performance Results

MCHB:

1. In addition to administering the various programs within MCHB, frequent communication with other state agencies, county agencies, appropriate federal agencies, and private agencies is a priority. This is especially important because of the inter-relationships of many programs and strategies and the interdependence of goals, objectives, and overall outcomes. The complexity of issues in service delivery demonstrates that no one entity can function in isolation.

2. Collaborative partnerships with the private sector such as the Hawaii Community Foundation, Healthy Mothers Healthy Babies Coalition of Hawaii, and March of Dimes (MOD) Hawaii Chapter are increasingly vital to performance results. These include increased interagency collaboration on a voluntary basis to increase the availability of quality child care and family support programs; increased activity with coalitions and community groups to address issues such as violence, substance abuse and perinatal health, including depression occurring in the prenatal and post-partum/interconception periods. As an example, the Child Safety Collaborative formed in 2003 has brought stakeholders from various organizations together to address a common safety agenda for children. Also, the work of the public-private partnership of the Hawaii Children's Trust Fund brings multiple individual advocates, agencies, and community members together to develop public awareness and education initiatives to help combat child abuse and neglect, and promote family strengthening.

3. Collaborative systems planning and the identification of a continuum of comprehensive services for children and youth with Maternal and Child Health programs, the Children with Special Health Needs Branch, the Good Beginnings Alliance, the Department of Human Services, and other public/private stakeholder groups is on-going.

4. Collaboration and planning efforts to address the continuum of services for school age children, with a special focus on adolescent health and wellness with the DOE and other community partners.

5. The sponsoring or co-sponsoring of training initiatives across a broad spectrum of MCH issues has increased collaboration to assure appropriate referral and linkage to service. MCH partners with many agencies to provide training on a wide variety of MCH issues such as child abuse and neglect prevention, youth and family violence, reproductive health, early childhood issues among others and the emerging issues across women's

health. As an example, MCHB was a co-sponsor with Healthy Mothers Healthy Babies Coalition of Hawaii and John A. Burns School of Medicine in a two day conference on health disparities and to enhance provider education for childbearing women in areas such as substance use, environmental health hazards, and domestic violence during pregnancy. Such partnerships are improving preconception care, and education/services to prevent pre-term, low birth weight infants and to promote healthy lifestyle behaviors and outcomes for women.

6. Another example has been the partnership with the Hawaii Primary Care Association. MCH provides training for pediatric primary care providers for assessment, early identification and referral for child health issues which include developmental/social emotional screening tools, oral health assessment and education, child lead risk questionnaire and overweight in children. The Hawaii Childhood Lead Poisoning Prevention Guidelines provide health care professionals with primary prevention, screening and treatment of lead poisoning to children.

7. Convening of provider work groups of the Healthy Start Program is addressing quality improvement and performance issues to support enhanced service delivery within the program. There has been collaboration with other MCHB programs and WIC Branch to increase prenatal referrals to Healthy Start. Hiring additional Child Development Specialists and Clinical Specialists has been approved and will improve staff to family ratio for POS programs working with at risk families.

8. Data obtained from the Child Death Review Program is beginning to target areas of disparity in infant and adolescent child deaths. This data is utilized to identify training needs in the prevention of future child deaths for the population. Not only will it also be used to identify changes needed for overall system response it also identifies partners necessary to the system changes. Community training around Safe Sleep practices has been provided as a follow up to CDR findings.

9. Efforts to prevent domestic violence have been expanded and strengthened. MCHB collaborated with the Hawaii State Coalition Against Domestic Violence to develop a 5 year Domestic Violence Strategic Plan. Legislation to develop a Domestic Violence Fatality Review system was passed. A multidisciplinary approach to reviewing domestic violence fatalities to reduce the incidence of preventable deaths is a public health model under the leadership of MCHB.

10. Sexual violence prevention planning and activities have been supported by the Centers for Disease Control and Prevention (CDC) 5 year grant award. The Molokai community mobilized efforts to provide training for professionals and produce a culturally relevant video on preventing sexual violence by changing social norms through positive messages that model healthy male-female relationships. A pilot project to build sexual violence prevention infrastructure and develop policies on two University of Hawaii campuses will serve as a model for other campuses statewide.

The WIC Branch conducts on-going outreach efforts to the target population which include collaborations with other agencies such as the Department of Human Services Food Stamps Program. On-going breastfeeding promotion and support efforts include the loan of electric breast pumps and a breastfeeding incentive program. The Program began a pilot project on giving personal use pumps to increase initiation and duration rates. The Program has collaborated with Healthy Start and has trained a referral worker as a breastfeeding peer counselor to provide support to WIC mothers. The Program has recently hired a full time Breastfeeding/Outreach Coordinator at the administrative level to provide technical support for local agencies as well as the community.

Nationally the WIC program hopes to revitalize nutrition education services and to implement an entirely new approach. This new approach, known as learner or Participant Centered

Education, seeks to structure nutrition education discussions around the interests of the participant, with the ultimate goal of addressing client concerns and motivating behavioral change. WIC advocates hope that using a participant-centered approach will be more effective in actually changing clients' nutrition behavior, particularly those who are overweight.

Approximately 40% of clients were switched from bi-monthly to tri-monthly visits, resulting in additional appointment slots for efficiency. A contractor now provides medically exempt formulas with a home delivery option and savings compared to redemption at WIC retail stores.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications

The previous number of performance measures was decreased due to the consolidation of the Family Health Services Division programs under one program ID – i.e. HTH 560. The previous program IDs were HTH 530, 540, 550 and part of HTH 595.

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

1. The implementation of primary care, family planning, perinatal, child health, and family/ community support programs through the MCHB continues to be challenged by the limited federal and state revenues directed toward preventive health care funding. Ever increasing need and ongoing budget limitations dictate that the MCHB continues to have difficulty in meeting stated objectives and providing adequate funding to the increasing numbers of the uninsured, under insured, homeless and vulnerable populations served by the POS agencies.

2. The MCHB continues to monitor key health risk indicators/issues that remain of concern:

   a. The unintended pregnancy rate in Hawaii has hovered at 50% since 2000, far below the HP 2010 Objectives of 30%.
   b. The infant mortality rate, a sensitive indicator of maternal and infant health, has fluctuated continuously and remains higher for certain ethnic groups indicating disparities within the State population groups.
   c. Women seeking first trimester prenatal care increased from 78% in 2000 to 81% in 2005. However, this remains lower for women without resources or impacted by other factors of risk.
   d. The uninsured rate remains at 10% overall; 25% of the clients enrolled in the Community Health Centers are uninsured.
   e. Dental care for women and children remains a critical access issue. 64% of pregnant women do not seek dental care during pregnancy while 40% of those experiencing dental problems do not access care (PRAMS 2004-2006). Further, Hawaii's children have very poor overall dental health compared to their national counterparts.
   f. Sixty-eight percent (68%) of families identified at risk for family factors receive family support.
   g. The rate of suicide among 15-19 year olds is reported to be 7.4 per 100,000 in 2004.
   h. The Chlamydia case rate for 15 to 19 year old females per 100,000 in Hawaii has increased from 782 (1995) to 1,129 (2006). Chlamydia has no symptoms and if untreated can cause numerous medical problems, including infertility, premature delivery, and newborn infections.
   i. Fourteen percent (14%) of children 4 to 5 years of age are entering kindergarten overweight and an additional 16% are at risk of being overweight. By the age of 9 years, 20% of children are overweight and another 16% are at risk.

3. Efforts by the Department to address class action suits and newly emergent priorities (such as homeland security) impacts the funds designated for prevention activities. Federal programs continue to require MCH to increase and maintain efforts for a range of childhood concerns such as injury prevention, asthma control, child abuse prevention, dental health, and adolescent health areas of teen pregnancy, substance use and suicide. Sexual assault, a growing issue for the child adolescent population, cuts across all ages. Bullying, an escalating youth issue, is emerging as an MCH area of concern. Health as its impact on early learning has become a priority issue for MCH systems of care.

4. Women's health continues as a focus and is part of a national movement. MCHB priorities reflect national, state and community needs by addressing unintended pregnancy, adolescent Chlamydia and substance abuse by pregnant women as well as related risk and protective factors (e.g. education, poverty) and social support systems fostering either good or poor outcomes. Positive interventions and best practices are still in need of development. However with limited resources there is a strong Departmental and public/private partnership to promote prevention through preconception and interconception education and care to improve these outcomes for women, their infants and children. The lifespan issues affecting women and the disparities between the genders have also gained prominence. The interaction of violence in the family and the population as a whole has risen to epidemic proportions. Although there may be different funding streams the correlation of these issues such as substance abuse and violence against women during the prenatal period challenges all sections/programs to coordinate resources to improve these outcomes. Positive interventions and best practices are still in development with limited resources to address issues. Male involvement must integrate with women's health to support positive outcomes for the women, her family, and community.

5. WIC Branch is implementing a unit cost/best practices study in 2005 which included a change to using more trained paraprofessionals. The 2006 approval of WIC paraprofessional classes retroactive to November 2004 lays the foundation for contracting with the University of Alaska Anchorage to provide training. Cost containment issues will remain important as Program costs increase without increases in Federal funding. The Program supports the move towards decreasing direct services, increasing POS agencies and reserving the State-operated agencies for hard-to-service areas. POS agencies are often more flexible in areas such as personnel and clinic operations.

B. Program Change Recommendations to Remedy Problems

The MCHB continues to evaluate its infrastructure and organization of programs as a means to continuous quality improvement.

Programs both contractual and state delivered, are continually challenged to maximize third party reimbursement, federal revenues and private sector contributions. Focus is on community awareness and health education, forging new partnerships with private and corporate sectors, and ongoing needs for increased capacity to meet the public health functions of needs assessment, program planning and evaluation and policy development. Therefore, work force development and skill building is a priority for staff as well as building capacity and skills in the community.

The triaged use of public health nutritionists and the increased use of paraprofessionals for clients at low nutritional risk should result in program efficiency for WIC.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

FHSD has to contend with key vacancies in the MCHB, including the Branch Chief and data and evaluation positions. Plans are to expedite recruitment and use contractual arrangements in the interim, until positions are filled on a permanent basis.

We also have continual demand for early intervention services. We will address this by monitoring data on enrollment, service provision and expenditures. We will also explore other ways to deliver services and still keep within federal mandates and explore other funding streams.

As a result of the rising cost of the WIC food package, the program potentially faces a $2 million reduction in services to eligible clients. WIC will look at restructuring its food package to keep within its budget ceiling and looking at alternative paraprofessional staffing to provide client services.

We are looking to restructure the entire division, which should have far reaching positive results in the Division's operation and function. We will continue to monitor the reorganization proposal process as its finalization will align program & improve performance in all areas.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(363.25)			(363.25)	(363.25)
Personal Services	18,576,660	398,187	32,322	19,007,169	19,007,169
Other Current Expenses	77,237,231		1,622,087	78,859,318	78,859,318
Equipment	50,500		6,000	56,500	56,500
TOTALS	95,864,391	398,187	1,660,409	97,922,987	97,922,987
Less:					
(pos'n ct.)	(7.00)			(7.00)	(7.00)
B—Special Fund	7,110,659	20,199		7,130,858	7,130,858
(pos'n ct.)	(183.50)			(183.50)	(183.50)
N—Federal Fund	41,946,810			41,946,810	41,946,810
(pos'n ct.)	(1.00)			(1.00)	(1.00)
U—Interdept'l Transfer	1,543,739	9,902	1,660,409	3,214,050	3,214,050
(pos'n ct.)	(171.75)			(171.75)	(171.75)
A–General Fund	45,263,183	368,086		45,631,269	45,631,269

B. Narrative

1. Explanation of transfers within the Program ID and Impact on the Program

General Fund – A $350,000 transfer from Personal Services was made Other Current Expenses to support $100,000 operating needs in Children with Special Health Needs and $250,000 to fee for services/POS increases to meet client increase in services under Early Intervention Services. Funds were available due to vacancies within the program.

Federal Fund – The transfer of $518,322 from Other Current Expenses to Personal Services of $512,322 and to Equipment of $6,000 was made under various federal grants to mainly support the increase in payroll costs and some needed equipment purchases.

Interdepartmental Fund – A transfer of $20,000 from Other Current Expenses to Personal Services was made under the Child Death Review program to support the increase in salary and fringe benefits.

Special Funds – $150,000 was transferred from Personal Services to Other Current Expenses in the Hawaii Birth Defects Special Fund to contract with Research Corporation of the University of Hawaii for positions to run this program.

The zero net result of these internal transfers from all means of financing was an increase in Personal Services of $32,322; a decrease of $38,322 in Other Current Expenses and a $6,000 increase in Equipment for FY 2008.

2. Explanation of transfers between Program IDs and Impact on the Program

Interdepartmental Fund – Pursuant to the intent of Act 107/07, the Department of Human Services entered into a Memorandum of Agreement with the Department of Health to transfer Temporary Assistance to Needy Families funding of $1,660,409 to support the Healthy Start program POS contracts.

3. Explanation of Restrictions and the Impact on the Program

None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(363.25)	(8.00)	(371.25)
Personal Services	18,681,836	135,147	18,816,983
Other Current Expenses	77,019,131	1,883,605	78,902,736
Equipment	9,500	–	9,500
TOTALS	95,710,467	2,018,752	97,729,219
Less:			
(pos'n ct.)	(7.00)	(2.00)	(9.00)
B—Special Fund	7,110,659	265,880	7,376,539
(pos'n ct.)	(183.50)	- (1.00)	(182.50)
N—Federal Fund	41,946,810	152,872	42,099,682
(pos'n ct.)	(1.00)	(0.00)	(1.00)
U—Interdept'l Transfer	1,543,739	1,600,000	3,143,739
(pos'n ct.)	(171.75)	(7.00)	(178.75)
A–General Fund	45,109,259	–	45,109,259

A. HTH 560/CG: Additional 3.00 Permanent Speech Pathologist IVs for Early Intervention Services (Item #9)

1. Description of Request

This request is for 3.00 general funded permanent position counts. General funds will be transferred within this org code budget from Other Current Expenses. These positions are needed to insure that mandated services are provided to eligible children.

2. **Listing of Positions and Cost Categories**

	FY 2009	
	(3.00)	
Personal Services	179,676	
Other Current Expenses	- 179,676	
	(3.00)	
TOTALS	0	A

The position counts are for 3.00 new permanent Speech Pathologist IV (#s 99859H, 99860H & 99861H).

B. HTH 560/CT: Convert 4 temporary FTE to permanent for the Healthy Start program (Item #20)

1. **Description of Request**

Conversion of 4.00 FTE temporary Healthy Start general funded positions to permanent will improve the recruitment and retention issues previously encountered by the Healthy Start Program.

2. **Listing of Positions and Cost Categories**

	FY 2009	
	(4.00)	
Personal Services	0	A

The four positions are: RN IV (#117845), Accountant III (#117529), SW/HSP IV (#117844), and Account Clerk III (#117679). All are filled except for the SW/HSP IV.

C. HTH 560/CC: Change MOF for permanent Genetic Health Coordinator from federal to special fund and increase the Hawaii Birth Defects Special Fund ceiling (Item #0-2)

1. **Description of Request**

This request is to change the appropriated means of financing from federal (Title V Block Grant) funds to the Hawaii Birth Defects Special Fund for the 1.00 permanent Genetic Health Coordinator (GHC) position. The increase in the special fund ceiling will also include some Other Current Expenses for the GHC while the federal ceiling will remain as is to cover the fringe benefits and collective bargaining increases for the other federal positions.

The GHC is the only genetics-related position in the state and has responsibilities for planning, developing, evaluating, and coordinating genetic or genetic-related services within the state. Approval of this request will assure that the State Plan for children with special health care needs will continue to be executed as mandated.

2. **Listing of Positions and Cost Categories**

	FY 2009	
	(0.00)	
Personal Services	90,854	
Other Current Expenses	4,146	
	(1.00)	
TOTALS	95,0000	B
	- (1.00)	
	0	N

The GHC (#50164) position is currently filled.

2. **Listing of Positions and Cost Categories**

	FY 2009	
Personal Services	36,225	N

A temporary Clerk Typist II (#99851H) will be established.

H. **HTH 560/CW: Delete three temporary vacant Malama positions and funding (Item #O-19)**

1, **Description of Request**

Delete 3.00 temporary FTE positions as there are no funding and programmatic responsibilities or functions attached to these positions which used to service the Disparities in Perinatal Health–Border Initiatives Grant (aka Malama Grant).

2. **Listing of Positions and Cost Categories**

	FY 2009	
Personal Services	- 171,608	N

The three temporary positions to be deleted are: RN V (#44384), C&Y Program Specialist (#91618H), and Clerk Typist II (#117884). All positions are vacant.

I. **HTH 560/CT: Increase interdepartmental transfer ceiling for Healthy Start POS services (Item #O-20)**

1. **Description of Request**

Request $1.6 million increase in the interdepartmental transfer fund ceiling (MOF: U) to continue to expend TANF funds from the Department of Human Services (DHS) for Healthy Start POS services per intent of Act 107/SLH 2007 and DHS-DOH Memorandum of Agreement.

2. **Listing of Positions and Cost Categories**

	FY 2009	
Other Current Expenses	1,600,000	U

VI. **Program Restrictions**

None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008 – 09

Program I.D. & Title: HTH 580 Community Health Services

I. Introduction

A. Summary of Program Objectives

To improve and maintain the health of individuals and communities by promoting healthy lifestyle choices, advocating for systemic and environmental policy changes, emergency preparedness for disasters and assuring access to health care services through the provision of health promotion and education, public health nursing, school health, bilingual health services. To provide and use data to identify areas of need, promote the use of best and promising practices to reduce the incidence and burden of chronic disease, and to reduce health disparities among populations.

B. Description of Program Activities

Community Health Division (CHD) works collaboratively with other Department of Health programs and community-based programs to provide culturally competent and relevant public health services in the community. These services include public health nursing services provided to a wide range of individuals and families. Other services provided include planning support, epidemiological services to include analysis and surveillance, technical assistance which build capacity in the communities we serve such as:

1. Child and elder assessment, management for family emergency preparedness plan;
2. Care coordination, supervision, management, and immunization visits for special needs and developmentally disabled children;
3. Adult and elderly assessment, management, referral and follow-up visits;
4. Child/elder abuse/neglect identification, case supervision, and preventive visits;
5. TB, Hansen's Disease, and other communicable disease screening, investigation, treatment, and follow-up visits;
6. Professional trainings in the use of established standards, guidelines, and/or curricula in physical activity, nutrition, tobacco, diabetes, asthma, and cancer;
7. Services to high risk, limited/non-English-speaking individuals;
8. Response to requests for data;
9. Response to requests for technical assistance; and
10. Facilitation of trainings and/or presentations to build community capacity.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

Chronic Disease Management and Control Branch (CMCB) programs implement culturally appropriate strategies and activities to achieve Branch goals and objectives identified through data analysis and in federal and private grant applications. The Branch's primary focus is to reduce the burden of chronic disease through a targeted set of initiatives. Grant funded programs follow stipulated timelines and activities, and defined roles of the staff to meet program objectives. In addition to grant funded programs the CDMCB provides bilingual health services to assist new immigrants and limited/non-English speaking residents with accessing health care services and meeting health requirements related to employment and school entry. The Branch also implements health promotion and education initiatives to assist communities build their capacity to address their health care needs. CDMCB programs:

1. Coordinate data collection and conduct surveys and surveillance to assess baseline health status and establish health indicators;
2. Implement cooperative agreements with the Centers for Disease Control and Prevention (CDC);
3. Collect and analyze program data in order to measure progress toward accomplishment of objectives and to evaluate prevention strategies and activities;
4. Implement evaluation plans to measure outcomes and the impact of strategies and activities on program objectives;
5. Collaborate with community organizations, health agencies, and individuals to build community coalitions that develop activities that reflect program objectives;
6. Strengthen collaborative and coordinated planning processes for chronic disease prevention and control;
7. Develop and promote standardized practice guidelines for chronic disease prevention and control;
8. Develop internal Department of Health (DOH) and external partnerships to promote a coordinated system for chronic disease prevention and control; and
9. Collaborate with other programs within the Department in addressing chronic disease prevention and control and addressing at-risk and/or vulnerable populations.

The CDMCB will continue to develop workforce capacity, identify and work with vulnerable populations, and to facilitate systems, environmental and policy changes to positively impact chronic disease prevention and control.

Public Health Nursing Branch (PHNB):

1. Enhances use of the PHNB computerized client data system and Office of Special Education Program (OSEP) database for early intervention timeline indicators: This will assist with data collection and data submission for reimbursement for services for Early Intervention Care Coordination services and for compliance with IDEA, Part C.
2. Continuously integrates the principles of service delivery into nursing practice.
3. Continuously implements and evaluates a Quality Management/Quality Improvement system to enhance nursing practice and to meet the requirements of the federal OSEP, under IDEA, Part C, in collaboration with DOH-Early Intervention Section.
4. Strengthens coordinated service planning processes for families known to multiple agencies with the PHN as the care coordinator.
5. Implements standards of practice as developed by the Hawaii Academy of Pediatrics-DOE-PHNB Partnership Advisory related to students with chronic health conditions in the public schools.
6. Collaborates with Immunization Branch for measurements of achievement of immunization objectives for children.
7. Collaborates with other programs within the Department in addressing services to at-risk populations.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FYs 2007

The CDMCB has strengthened the State's capacity to identify and reduce the human and financial costs of chronic disease. The following is a summary of their accomplishments:

1. Leveraged increased federal funds to address chronic disease prevention and control;
2. Increased state chronic disease epidemiological expertise for public health surveillance, research and prevention;
3. Initiated comprehensive, statewide community, participatory planning initiatives that bring together key stakeholders;
4. Developed high impact media campaigns aimed at delaying and preventing youth tobacco use;

5. Increased planning and involvement with community-based partnerships and coalitions;
6. Piloted innovative community and worksite strategies to promote healthy behaviors and reduce the burden of chronic diseases and conditions;
7. Provided leadership in proposing and standardizing health practice recommendations and guidelines to assure quality care across the state;
8. Built community capacity to address and advocate for chronic disease issues through education, training, and technical assistance;
9. Developed and promoted policies that prevent chronic diseases and promote healthy behaviors and environments;
10. Increased the number of providers to provide outreach, screening and diagnosis for uninsured and underinsured women;
11. Developed state capacity to address smoking cessation through community and professional education and training and a "Quitline";
12. Focused on most vulnerable populations; and
13. Met federal and court mandates related to bilingual access.

The Branch has been able to make significant progress toward developing a coordinated and integrated system to address the growing numbers of Hawaii residents at risk for preventable chronic diseases. However, a great need exists for community-based preventive services across the state to address the increasing prevalence and cost of preventable chronic disease health problems and to address persistent and widening health disparities. The performance results for FY 2006 and FY 2007 show some promising trends. For example, the Behavioral Risk Factor Surveillance System (BRFSS) Survey and the Youth Risk Behavior Survey (YRBS) show:

- Comprehensive tobacco control initiatives are paying off for Hawaii. The 2006 BRFSS data on self-reported risk factors among non-institutionalized adults revealed that only 17.5% of Hawaii adults currently smoke cigarettes, a decrease from 19.7% in 2000. Additionally, youth smoking rates as measured by the Hawaii Youth Tobacco Survey have also decreased. Current smoking among high school students has decreased from a high of 24.5% in 2000 to 15.4% in 2006, while current smoking among middle school students have decreased from 14.9% to 7.9%.. While the declines in smoking prevalence for youth and adults mirror national trends, several populations continue to be disproportionately affected by smoking. These include Native Hawaiians/part-Hawaiians, 25 to 34 year olds, adults with high school education or less, the unmarried and the unemployed. Sustained funding of comprehensive evidence-based efforts has proven to yield important results towards reducing the health and economic burden of tobacco in Hawaii.

- Asthma is a significant public health problem in Hawaii, especially among children. However, due to asthma education and preventive efforts, asthma hospitalization rates have steadily declined in recently years.

The CDC recently awarded the Hawaii Department of Health's Diabetes Prevention and Control Program: (1) a certification of recognition for demonstrating success in increasing the percent of persons with diabetes who received multiple preventive care services (e.g. annual eye and foot exam and two or more A1C tests per years); and (2) for having met the Healthy People 2010 target for the % of persons with diabetes who received two or more A1C tests per year. These awards point to the importance of sustained funding for comprehensive, evidence-based efforts towards reducing the healthy and economic burden of diabetes in Hawaii. This is particularly important in light of the growing prevalence of diabetes in Hawaii.

The Breast and Cervical Cancer Control Program provided critical screening services to over 1100 women. The program focuses resources toward outreach, screening and diagnosis of breast and cervical cancer of high risk women including Native Hawaiian, Filipino and Pacific Islander women who suffer poorer outcomes than other populations. The program's success is due to the strong partnerships with community health providers and effective and sustained

efforts toward integrating the program into the existing community health system.

The PHNB has provided numerous services to the residents of this state. The following is a summary of their accomplishments:

1. Increased services to special needs children 0-5 years of age with complex medical conditions with increased referrals from Kapiolani Medical Center for Women and Children;
2. Increased services to children 0-5 years of age known to the DHS-CPS system and coordination with the judiciary family court and the CPS-related drug court;
3. Increased services to the Micronesian/Marshallese population throughout the state in collaboration with Disease Outbreak Control Division's and its programs;
4. Strengthened policies and procedures and development of health protocols affecting school health aides for consistency in service delivery;
5. Continuous diligence in improving the PHNB client data tracking system statewide; other data critical for budgeting and program planning are also being computerized at the program level;
6. Continued emphasis and focus on serving the most at-risk population to avoid duplication and fragmentation; and
7. Increased collaboration with DOH-Disease Outbreak Disease Control Division addressing strategies related to biologic threats and other communicable diseases.

The CHD administration has provided leadership in integrative planning among the branches in surveillance and data and program evaluation, and has worked to provide administrative supportive services to the branches.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

All of the performance measures focus on the improvement of health status outcomes for the most vulnerable population being served by the branches. These measures fit well within the mission of the Department of Health in preserving the health of the people of Hawaii.

C. Explanation of How Program's Effectiveness is Measured and Results

CDMCB uses both process and outcome performance measures to evaluate program effectiveness, as well as program, planning, and budgeting measures. The following are some of the measures:

1. Number of public/private partnerships, and/or coalitions, involved in disease prevention, and health education activities. This strategy strengthens the program's ability to attain its goals of prevention and control of chronic diseases, promotion of healthy lifestyles and disease self-management by extending the program's reach resulting from increased resources committed by community health agencies, organizations and businesses. Additionally, this performance measure is critical toward developing statewide plans to reduce the human and financial costs of chronic diseases.

2. Number of community organizations and agencies with trained personnel that devote resources to interventions and services in health promotion and prevention with minimal CDMCB program support, e.g. number of community sites that offer tobacco cessation, diabetes education, nutrition education, breast and cervical cancer screening, and health education or consultation for high-risk and limited/non-English speaking populations. CDMCB programs provide surveillance data, technical assistance, resources, staff and community training, and develop the capacity of organizations and agencies to provide health promotion, education, and intervention services.

3. Outcome performance measures include:

a. Percent of youth smokers in grades 9-12;
b. Percent of adults who are smokers;
c. Percent of diabetics having an eye exam; and
d. Percent of women >50 receiving mammograms, pap tests through DOH purchase of service contracts.

For the PHNB, the performance measures used to determine program effectiveness are as follows:

1. Percent of children through age 2 with basic immunizations (diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus b, varicella, hepatitis B) completed.
2. Percent of children ages 5-18 in the public schools with age-appropriate immunizations completed as required by law.
3. Percent of children from birth to age 18 with special health needs linked with health care insurance coverage.
4. Percent of clients with chronic conditions and/or disabling conditions receiving care coordination services.
5. Percent of children 0-5 years of age, known to DHS-Child Protective Services, receiving care coordination services.
6. Percent of Individual Family Support Plans (IFSP) that are completed within 45 days as required by IDEA, Part C.
7. Percent of frail elderly clients who are maintained in the home community.

Performance results achieved:

1. 2006 audit review of immunization records for the children born in 2003 (2003 birth cohort) showed a statewide completion rate of 77% for a range of 33%-100% completion of basic immunizations and 91% completion of varicella (chickenpox) vaccination. Ongoing challenges are the need for increased, intense outreach and tracking with staff vacancies.
2. 99% of school-age children complete immunization requirements after the follow-up done by health aides over the 90-day period. This requires close follow-up to avoid exclusion of students within the 120 day period.
3. 82% of children known to the PHN system have health care insurance coverage. Blank screens on computerized system and lack of updating fields were identified as major barriers. Additional data system support will help to "clean up" data for increased accuracy.
4. 100% of clients with chronic conditions and/or disabling conditions receive care coordination services.
5. 100% of children referred to PHN by CPS system receive care coordination services.
6. 95% (2006) of the Individualized Family Services Plans (IFSP) for children 0-3 is completed within 45 days, as required by IDEA, Part C. With the major overhaul of the record system, the 2006 review raised the completion percentage to 95%. Further improvement is expected with data support staff to assist with clean up of data files.
7. 88% of frail elderly are maintained in the community with linkages and supports from other agencies.

D. Discussion of Actions Taken to Improve Performance Results

CDMCB. The following strategies were undertaken by the program to increase efficiency and effectiveness:

1. Increased public/private partnerships and development of coalition and community resources; community coalitions maximize community resources for disease prevention and control; and lifestyle changes to reduce premature death, illness and morbidity. CDMCB staff coordinate, facilitate, develop capacity, and mobilize community organizations and businesses to focus resources on health promotion, prevention, and public awareness, this is a cost-effective way of leveraging community resources and the program's own resources.

2. Successfully secured additional federal, foundation and private sector funds and grants
3. Used data to effectively identify health disparities, target educational and informational campaigns, and determine appropriate behavioral and environmental interventions.
4. Developed a coordinated and integrated approach to chronic disease prevention and control.
5. Increased outreach and partnerships to reach underserved women in need of breast and cervical cancer screening and diagnosis.
6. Provided health, education, and supportive services to limited/non-English speaking residents and to newly arrived immigrants.

PHNB.

1. Enhanced the computerized client tracking system and clerical staff support will assist with data collection striving toward completion of essential fields and timely inputting of data;
2. Implemented the PHNB System of Care Principles and the integration of these principles into nursing practice for the sole purpose of improving practice and achieving positive outcomes for children and families;
3. Continued implementation of reimbursement for care coordination services to children 0-3 years with special needs through Early Intervention Section, DOH, under 0-3 carve-out and use of these funds for data support staff;
4. Enhanced care coordination services to medically fragile children with/without technological devices and seeking Medicaid reimbursements for case management services for 2005-2006;
5. Implemented policy and procedures of Strengths Based Coordinated Service Planning for multi-agency families following state policy under Felix Consent Decree;
6. Continued partnership with John A. Burns School of Medicine, MCH Leadership Education in Neuro-Developmental Disabilities (LEND) to address children with disabilities through a multi-disciplinary approach;
7. Continued collaboration with American Academy of Pediatrics in addressing health/medical issues for enhanced school health services; and
8. Collaborated with DOE and physicians in addressing the multiple needs and transition issues of multiply-impaired students requiring skilled medical/nursing treatments in the public schools.

E. Identification of All Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications

The consolidation of program IDs HTH 180, 570, and 595 into one program ID, HTH 580, "Community Health Services", necessitated the collapsing and reduction in program objectives, measurements of effectiveness, and program activities. The result has been to integrate objectives and to develop a more coordinated service system and the ability to support efforts to achieve success.

Modified performance measures are as follows:

CDMCB

1. Percent of persons with diabetes who have had at least two A1c tests during the past year;
2. Percent of adults and children who are hospitalized for asthma;
3. Percent of adult smokers;
4. Percent of youth smokers; and
5. Percent of limited or non-English speaking clients referred to and receiving health services.

PHNB

1. Percentage of children 0-5 years of age with health insurance coverage that are monitored by the Public Health Nurses (PHNs).
2. Percentage of special needs children 0-3, monitored by PHNs with IFSP that are completed within 45 days of receipt of the referral.
3. Percentage of children who, by age two, are monitored by the PHNs that have complete immunizations.
4. Percentage of frail elderly that are monitored by the PHNs and that are maintained in the community.
5. Percentage of clients with medically fragile conditions, who are monitored by the PHNs, with emergency preparedness plan.

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

CDMCB

The major focus for all CDMCB programs is prevention as a cost-effective means of improving community and individual health status. Secondary prevention, targeting diseases such as diabetes, cancer, asthma, obesity and cardiovascular diseases, is also a crucial component in reducing the burden of chronic diseases. Hawaii's most serious health problems reflect unhealthy individual behaviors, e.g. poor food choices, lack of physical activity, smoking, alcohol use, as well as unhealthy physical and social environments. Significant public health problems and issues include:

1. Chronic diseases, especially diabetes, hypertension and asthma, will increase until people realize that healthy behaviors can prevent these conditions and make changes toward healthier behaviors. The ramifications of these chronic diseases will be long-term and will impact dramatically on the younger population, indigenous populations, and the elderly.
2. Inadequate community capacity to address complex health problems that adversely affect community and individual health; poor community health that are affected by many factors, including employment, housing, social support, public safety, and health care access issues.
3. Issues and risk factors contributing to chronic disease involve (1) personal health choices and lifestyle behaviors, and (2) social and environmental factors that can constrain health choices and behaviors. Both are amenable to prevention interventions and strategies. About half of all United States deaths are due to unhealthy behaviors, lifestyles or environments. Death and illness could be substantially reduced with improvements of just 5 habits: diet, smoking, exercise, alcohol abuse, and use of hypertension medication. Lack of resources to initiate and sustain a comprehensive approach hampers the ability to make significant impacts
4. Persistence of health disparities in certain segments of the population will require a comprehensive and long term, sustained effort.
5. Increase in the number of Freely Associated States of Micronesia residents migrating to Hawaii. New immigrants and migrants have higher rates of diseases and come from areas with inadequate health care, which puts an additional strain on the health care system and creates additional demand from already overburdened bilingual interpreters.
6. Disease outbreak and homeland security and the need for health education and communications that are provided by trained health educators.
7. Challenges in attracting, hiring and retaining qualified staff continues.
8. Increased need and demand for public health leadership in chronic disease prevention and control with diminishing availability of federal and other funds.
9. Increasing proportions of Hawaii's residents are overweight or obese and at risk for numerous chronic health conditions, including type 2 diabetes, hypertension,

cardiovascular disease, lower life expectancy and premature death.

PHNB

1. Identifying children without health insurance and eligible for public health insurance will impact on program's limited resources, as this population presents many challenges that require more outreach in the community, as well outreach through the public schools.
2. Increase of referrals from Kapiolani Medical Center for Women and Children and Kaiser Permanente for care coordination services for children with complex medical needs and their families: The complexity of needs for the children and families require labor-intensive coordination and collaboration to prevent high cost re-hospitalization.
3. Improved identification of students with medical conditions in public schools in need of accommodations will tax PHN service delivery: The focus on identification of students eligible under Section 504 will increase through efforts by community organizations such as American Diabetes Association and will place more demand on limited resources with heavy caseloads.
4. Increase of special needs infants and toddlers 0-3 years of age will demand more services and funds as these children transition into the DOE.
5. Increase in medically fragile infants and children with need for intensive care coordination efforts will tax limited PHN services on the Neighbor Islands due to the limited supply of agencies to provide case management services.
6. Changes with policy for the Administration of medications in the public schools have been effective to assure that only medications needed during the school day are authorized. Further improvements are underway with the Hawaii Academy of Pediatrics with the development of the Formulary of Medications to focus on only those medications that must be given during the school day.
7. The increase of medically fragile students, who require medical treatments during the school day will present challenges due to the limited resources of trained nursing personnel to serve this vulnerable population and limited funds.
8. The implementation of the Memorandum of Agreement between the DOE and the DOH related to the clinical supervision of school health aides by DOH-PHNB will require continuous review and collaboration to address issues and challenges for enhanced service delivery to students at the public schools.
9. Increased demand for services to Micronesians and Marshallese will continue, as these populations increasingly move into Hawaii. PHN services in early identification of communicable diseases, immunization initiatives and assisting with other health problems will increase the workload for the PHNs.
10. The elderly population continues to increase and will continue to need coordination services.
11. Chronic diseases, especially diabetes, hypertension and asthma, will increase until people realize that healthy behaviors can prevent these conditions and make changes toward healthier behaviors. The ramifications of these chronic diseases will be long-term and will impact dramatically on the younger population, indigenous populations, and the elderly.
12. Increase of chronic diseases in school-aged children will require multi-disciplinary approaches with leadership provided by the PHNs.
13. The need to address teen issues are vital, especially teen pregnancies, safe sex, and drug and alcohol abuse.
14. Revisions of the PHNB Client Tracking System and development of OSEP database to meet the requirements of IDEA, Part C continue to present many challenges.
15. The maintenance and continued implementation of requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act of 1974 (FERPA) necessitate ongoing training and structured monitoring for compliance will present challenges.
16. Enhancement of key public health function of readiness and mobilization of PHNB resources to biological threats and epidemics will require ongoing, consistent training and timely responses. This is an area of major challenges due to the unpredictability of these events and PHNB capacity to respond despite high workloads.

B. Program Change Recommendations to Remedy Problems

CDMCB

The Department has long recognized the need to rebuild its chronic disease capacity. The Branch has responded by securing additional federal dollars to address the leading causes of death and health care costs. The focus of the chronic disease capacity-building efforts has been on the promotion of nutrition, physical activity, and tobacco-free environments, which are known to reduce death and health care costs. These efforts, combined with the other strategies described below, are designed to meet the objectives.

1. Built awareness, resources and community capacity to address chronic disease issues and their associated risk factors through traditional and non-traditional methods and partnerships;
2. Enhanced and expanded chronic disease prevention and control program efforts to communities in all geographic areas, statewide;
3. Continue to build on tobacco counter-marketing and other tobacco-free initiatives;
4. Sought federal and other funds to support continued, enhanced or expanded efforts to address the growing number of adults who are at greater risk for chronic illnesses and premature death;
5. Sought reimbursement and other means of support to generate revenue in government for enhanced and expanded efforts for chronic disease prevention and control;
6. Efforts to fill federally funded positions are being addressed through position re-descriptions and re-classification where possible and through requests for civil service exemptions for certain positions that require work, skills, or compensation that does not fit within the civil service series;
7. Continue to provide services for newly arrived immigrants and migrants from the Freely Associated States of Micronesia;
8. Provided health education and health communication as needed and in the event of disease outbreak or other public health emergencies;
9. Continue to leverage resources through program integration, collaboration and partnerships; and
10. Continues to focus on identifying and addressing health disparities - people who are most in need, those without resources, and shift program focus toward system, policy and environmental changes to impact larger populations rather than individuals.

PHNB

1. Public Health Nurses must be recognized as being the direct service delivery system for schools as they provide the clinical supervision of health aides, provide services to students with medical/health needs under IDEA and 504 and work with school personnel regarding health/medical needs of students.
2. Continued collaboration with DHS-MedQUEST for direct billing to Medicaid by contract fee for service agency has helped with the funding for fee-for-service contract for skilled nursing care to multiple-impaired students in the public schools.
3. Collaboration with the Academy of Pediatrics continues to be positive in addressing the many medical/health conditions that influence learning.
4. Filling of vacant positions to carry out the extensive care coordination services to meet the needs of at-risk families and communities, as well as the diverse core functions, is critical. Any further reduction of general-funded positions will erode the services to at-risk populations with major ramifications to implementation of the IDEA, and 504.
5. Program continues to work closely with managed care plans/primary care providers in areas of access for populations who have difficulties receiving services as well as with families to help them better understand the system of services.
6. Program continues to streamline its record keeping, tracking system and revision of

computer system to better reflect the population being served.

7. Program continues to focus on services to the people who are most in need, those without resources, those who present the highest risk to public health, as well as increasing partnerships with private providers.
8. Program continues to be involved with community task forces in addressing the myriad of needs for the medically fragile child and family, as well as the issue of nursing shortage in Hawaii.
9. Open communication and collaboration between DOE and DOE related to the MOU where DOE provides the administrative supervision and DOH – PHNB provides the clinical supervision of the school health aides will be critical so as to address issues and challenges for problem solving to assure enhanced services by the health aides to students in the public schools.
10. Enhanced collaboration with Disease Outbreak and Control Division for continued training of PHNB staff relate to disaster preparedness.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

See III.A. & B. above.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expended
(pos'n count)	(232.00)			(232.00)	(232.00)
Personal Services	15,319,295	782,656	4,914	16,106,865	16,106,865
Other Current Exp.	3,670,843		(4,914)	3,665,929	3,665,929
Equipment	9,750			9,750	9,750
Totals	18,999,888	782,656	0	19,782,544	19,782,544
Less:					
B--Special Fund	110,720			110,720	110,720
(pos'n ct.)	(11.00)			(11.00)	(11.00)
N--Federal Fund	3,821,823			3,821,823	3,821,823
U—Interdept'l Trans.	1,395,037			1,395,037	1,395,037
(pos'n ct.)	(221.00)			(221.00)	(221.00)
A--General Funds	13,672,308	782,656		14,454,964	14,454,964

B. Narrative

1. Explanation of transfers within the Program ID

The transfer of $4,914 in HTH 580/GJ from Other Current Expenses to Personal Services is to cover Collective Bargaining increases in the federal funded Easy Access Program.

2. Explanation of transfers between Program IDs – None

3. Explanation of restrictions – None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(232.00)		(232.00)
Personal Services	15,319,295		15,319,295
Other Current Expenses	3,537,843	8,000	3,545,843
Equipment	9,750		9,750
	(232.00)		(232.00)
TOTALS	18,866,888	8,000	18,874,888
Less:			
B—Special Fund	102,720	8,000	110,720
(pos'n ct.)	(11.00)		(11.00)
N—Federal Fund	3,821,823		3,821,823
U—Interdept'l Fund	1,395,037		1,395,037
(pos'n ct.)	(221.00)		(221.00)
A—General Fund	13,547,308		13,547,308

Narrative

A. Brief Title of Request
Organ and Tissue Education Special Fund (Item #O-5)

1. Description of Request

Increase Organ and Tissue Education Special Fund ceiling to allow Community Health Division to pay out the cash balance of collected special funds. This fund was established pursuant to Act 88/1999 and Act 264/2001, and is used to provide the Organ Donor Center of Hawaii funding for its educational programs. This request is to increase the special fund ceiling from $12,000 to $20,000 to accommodate increases in revenues and carryover balances.

2. Listing of Positions and Cost Categories

	FY 2009
Other Current Expenses	8,000 B

VI. Program Restrictions – None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 595 – Health Resources Administration

I. Introduction

A. Summary of Program Objectives

To enhance program effectiveness and efficiency by formulating policies; directing operations and personnel; and providing other administrative services in the areas of communicable disease, developmental disabilities, family health, community health nursing and bilingual health services.

B. Description of Program Activities

This program is administrative in nature and provides oversight to five divisions–i.e. Communicable Disease, Community Health, Dental Health, Disease Outbreak Control, and Family Health Services, and the Emergency Medical Services and Injury Prevention System Branch. Also under its purview is the Respite Program, which affords respite services to the families of clients from the child and adolescent mental health, adult mental health, developmental disabilities, and children with special health needs program areas.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

Programs within the Health Resources Administration are under the leadership of a Deputy Director of Health, who works closely with the Director of Health and the Governor's Office to provide the programs with guidance in meeting the overall objectives set out under the current administration.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

With vigilance by the Communicable Disease and Disease Outbreak Control programs, there have been no serious disease outbreaks during the past year. The mandates of the federal courts are being met and close oversight by the respective court monitors has ceased with programs coming into compliance with their requirements.

The general availability of quality medical services has increased with services to the uninsured and underinsured being reassured through contracted services through the network of community health centers.

B. **Narrative**

1. **Explanation of transfers within the Program ID and Impact on the Program**

   None

2. **Explanation of transfers between Program IDs and Impact on the Program**

   None

3. **Explanation of Restrictions and the Impact on the Program**

   None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(position count)	(2.00)		(2.00)
Personal Services	94,459		94,459
Other Current Expenses	623,837		623,837
TOTALS – General Funds	(2.00) 718,296		(2.00) 718,296

Narrative

None

VI. Program Restrictions

None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 730 Emergency Medical Services & Injury Prevention System

I. Introduction

A. Summary of Program Objectives

To minimize death, injury, and disability due to life threatening situations by assuring the availability of high quality emergency medical care through the development of a system capable of providing coordinated emergency medical care and injury prevention services.

B. Description of Program Activities

Program activities include ambulance services, establishment of pre-hospital care standards and protocols, maintenance of a medical communication system, licensure of all ambulances, quality improvement/assurance, data collection and analysis, billing and collection of fees for emergency ambulance services, assurance of an adequate number of appropriately trained emergency medical personnel and other support services to maintain quality pre-hospital medical care throughout communities statewide. Also provides a comprehensive array of injury prevention and control programs that include, but are not limited to motor vehicle safety, pedestrian safety, violence and suicide prevention using a spectrum of strategies working through established partnerships and coalitions in communities statewide.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

Recent statewide implementation of the Hawaii Emergency Medical Services Information System (HEMSIS) has provided the Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) the ability to produce information in far less time and with greater confidence. The availability of timely and accurate system performance data is expected to further improvement in patient care, quality assurance and efficient operations. Already, the implementation of HEMSIS is contributing to enhanced efficiency in billing and collection of ambulance service fees and providing security of protected health information to comply with HIPAA federal requirements. The system has performed without interruption and within performance expectations despite an earthquake and major tropical storms occurring this year. For the upcoming year, EMSIPSB expects to complete a transition from the current HEMSIS to a National EMS Information System (NEMSIS) and upgrade the underlying database structure. Database access time will be improved globally and will be most noticeable during heavy database access.

Injury (trauma) is the leading cause of early disability and productive years of life lost costing Hawaii many lives and millions of dollars each year. It is increasingly recognized as the neglected disease of modern society. A trauma system built on a public health approach can mitigate the toll that injuries take on society every day. The public health approach incorporates a comprehensive, coordinated array of services from injury prevention to pre-hospital, hospital and rehabilitative care delivery for injured persons. Recent activity in the legislature and community indicates that EMSIPSB is being looked

to for planning and development of a comprehensive statewide trauma system for Hawaii. ACT 102, SLH 2007 provided the first source of revenue for the trauma special fund. Collection for the trauma special fund began October 1, 2007. In the upcoming year, EMSIPSB will use funds collected to increase efforts to develop a statewide trauma system plan as outlined by statute.

Hawaii and the nation are in the grips of a silent and growing epidemic highlighted by the Surgeon General in the 2001 publication "National Strategy for Suicide Prevention: Goals and Objectives for Action." Suicide, the leading cause of injury death in Hawaii, exacts an enormous toll from Hawaii's people. Hawaii loses an average of 128 lives to this tragedy each year, and another 1,152 are hospitalized after attempting to take their own lives. The devastating trauma, loss and suffering are multiplied in the lives of family members and friends. Only recently, however, have the knowledge and tools become available to approach suicide as a preventable public health problem with realistic opportunities to save many lives. EMSIPSB is developing, implementing and evaluating strategies to prevent suicide among youth and all other ages. These include: 1) identifying and assessing the suicide risk of youths and other individuals referred to the program; 2) creating public awareness by building community networks and providing information to the target groups; and 3) referring the youths and other individuals to resources at the appropriate level of care needed.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

In FY 2007, the statewide emergency medical services system responded to 107,306 emergency ambulance calls with 70,175 persons treated and transported to a medical facility. High-risk cardiac, trauma, and pediatric emergencies represent 19.5% of all patients billed for emergency ambulance services.

In FY 2007, revenue collected from ambulance fees was $24,888,479. The collection rate was 83.21%.

The number trained in suicide, falls, and drowning prevention and safer environment was 755. The increase in the number trained in FY 07 is due to expanded suicide prevention Gatekeeper training and a new series of trainings on Safer Environments with increased community participation.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

Access to health care and quality assurances are core public health missions for which EMS is an essential component. The strong physician participation in EMS system assessment and quality assurance assists the Department in directing the use of resources to optimize patient survival and minimize disability from onset of a serious medical condition through rehabilitation.

C. Explanation of How Program's Effectiveness is Measured and Results

The effectiveness for the delivery of emergency medical services is measured by time measurements for responding and providing medical care to life threatening conditions. The ongoing collection of response time data assists with measuring appropriate

response to trauma injuries within the golden hour, and cardiopulmonary arrest within 4-8 minutes. In FY 07 the standard for response time was met 91.5% of the time for Oahu, 96.2% of the time for Kauai, 92.3% of the time for Hawaii, and 92.9% of the time for Maui.

D. Discussion of Actions Taken to Improve Performance Results

The program implemented in 2007 a statewide computerized ambulance record system to allow for real-time submission of ambulance reports to the Hawaii Emergency Medical Services Information System (HEMSIS) that documents patient care for medical legal record keeping. This system also allows greater efficiency for billing and collection of the ambulance fees to maximize revenue, which is deposited into the State general fund.

The real-time information system recently implemented will allow the program to analyze the response times in new ways to improve overall performance of the system. The implementation of a new ambulance unit for Central Oahu should improve response times in that area.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

The statewide EMS communication system (MEDICOM) is a UHF/VHF microwave system that will be obsolete in the near future. The reliability of this system, needed to provide dispatch services and radio communication with physicians at hospital emergency departments for assistance in medical care at the scene and in transport to the hospital, is of concern. The existing County police 800 MHz trunk systems do not currently meet EMS operational needs.

B. Program Change Recommendations to Remedy Problems

EMSIPSB participates with other state agencies led by the Department of Accounting and General Services in developing plans for a new inter-operable communications system for the state. No program change recommendations are necessary at present.

C. Identify any Program Issues or Problems and Corrective Measures/Remedies - None

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(19.00)			(19.00)	(19.00)
Personal Services	1,352,691	26,966		1,379,657	1,379,657
Other Current Expenses	66,472,589		-2,205,000	64,267,589	64,267,589
Equipment	217,368			217,368	217,368
	(19.00)			(19.00)	(19.00)
TOTALS	68,042,648	26,966	-2,205,000	65,864,614	65,864,614
Less:					
B—Special Fund	6,498,658		-2,205,000	4,293,658	4,293,658
(pos'n ct.)	(3.00)			(3.00)	(3.00)
N—Federal Fund	1,268,522			1,268,522	1,268,522
(pos'n ct.)	(16.00)			(16.00)	(16.00)
A–General Fund	60,275,468	26,966		60,302,434	60,302,434

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program -** None

2. **Explanation of transfers between Program IDs and Impact on the Program**

   Per Section 15 of Act 158, SLH 2004, the Department of Health will deposit into the general fund from moneys collected and deposited into the Emergency Medical Services Special Fund pursuant to Section 249-31, HRS, an amount equal to $2,205,000. These funds are repayment for general funds provided as start-up costs associated with Act 158.

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(19.00)		(19.00)
Personal Services	1,352,691	184,496	1,537,187
Other Current Expenses	63,879,873	11,364,534	75,244,407
Equipment	217,368		217,368
	(19.00)		(19.00)
TOTALS	65,449,932	11,549,030	76,998,962
Less:			
B—Special Fund	4,293,658	7,389,497	11,683,155
(pos'n ct.)	(3.00)		(3.00)
N—Federal Fund	1,268,522		1,268,522
(pos'n ct.)	(16.00)		(16.00)
A-General Fund	59,887,752	4,159,533	64,047,285

Narrative

A. HTH 730/MQ: Add funds to emergency ambulance service contracts for collective bargaining and operation increases (Item #3)

1. Description of Request

This request is to meet additional funding requirements as a result of projected collective bargaining increases in FY09 for contracting agencies providing emergency ambulance service on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai.

2. Listing of Positions and Cost Categories

	FY 2009
Other Current Expenses	
Ambulance Service, Oahu	2,970,318
Ambulance Service, Hawaii	952,673
Ambulance Service, Maui, Molokai, and Lanai	139,203
Ambulance Service, Kauai	97,339
Total	4,159,533 A

B. HTH 730/MQ: Increase ceiling for appropriated special funds in FY 2009 (Item #HS-1)

1. Description of Request

This request is to increase the ceiling for appropriated special funds in FY 2009 to meet additional funding requirements as a result of collective bargaining and operation increases for contracting agencies providing emergency ambulance service for the County of Maui and County of Kauai and to meet funding

requirements for an emergency medical technician training stipend program ($300,000; Section 37, Act 213, SLH 2007).

2. Listing of Positions and Cost Categories

	FY 2009
Other Current Expenses	
Emergency Medical Technician Training Stipend Program	300,000
Ambulance Service County of Maui/County of Kauai	207,190
Total	507,190 B

C. HTH 730/MQ: Add ceiling for appropriated Trauma System Special Fund (Item #HS-2)

1. Description of Request

This request is to establish the ceiling for appropriated Trauma System Special Funds to meet funding requirements for continuing development and operation of a comprehensive state trauma system. Pursuit to Act 305, SLH 2006, Section 5 this request includes the establishment of exempt temporary positions in EMSIPSB to effectively develop and implement the statewide trauma system.

2. Listing of Positions and Cost Categories

	FY 2009
Personal Services	
State Trauma System Program Manager or RN VI, SR-26 (#99004H)	86,904
Accountant IV, SR-22 (#99005H)	43,824
Fringe Benefits @ 41.13%	53,768
Subtotal Personal Services	184,496
Other Current Expenses	
State Trauma System	6,697,811
Total	6,882,307 B

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008– 09

Program I.D. & Title: HTH 420 Adult Mental Health – Outpatient

I. Introduction

A. Summary of Program Objectives

Reduce the severity of disability due to mental illness through provision of community-based services including goal-oriented outpatient services, case management services, rehabilitation services, crisis intervention services, and community housing opportunities.

B. Description of Program Activities

The Adult Mental Health Division (AMHD) provides a comprehensive, integrated mental health system supporting the recovery of adults with severe and persistent mental illness. At minimum, recovery consists of five guiding elements: purpose, mutual help, responsibility, acceptance, and hope.

By supporting principles of recovery with a comprehensive, integrated array of community-based mental health services, the opportunity exists for everyone to have access to effective treatment and supports essential for living, working, and participating fully in the community.

The AMHD is committed to providing this comprehensive array of services, meeting the clinical and social needs of mental health consumers through a system of care emphasizing evidence-based practices, a clear understanding of how legal and forensic encumbrances affect care, and cultural competence.

- Evidence-based practices include assertive community treatment, family psycho-education, illness management & self-directed recovery, integrated dual diagnosis treatment (mental illness/substance abuse), medication management & medication algorithm(s), and supported employment.

- Forensic services are designed to serve the entire range of consumers that become involved in some capacity with the court system. This broadly defined population could include people who have been adjudicated by the courts to be unfit to proceed, or acquitted and committed to the Department of Health for care, custody, and treatment. The challenge of forensic services is to avoid unnecessary incarcerations, provide high quality forensic evaluations and treatment, and provide the necessary supervision to conditionally released persons to maximize public safety.

- Cultural competency is integrated into AMHD services through a set of congruent policies, procedures, staff training, and conferences that enable effective service delivery with consumers of diverse backgrounds.

The AMHD embraces the Final Report from the President's New Freedom Commission on Mental Health, *"Achieving the Promise: Transforming Mental Health Care in America"* to focus on future expectations as a means to fundamentally transform the current system of mental health care. The New Freedom Commission asserts that successful transformation of mental health service delivery rests upon two principles. "First, services and treatments must be consumer and family centered, geared to give consumers' real and meaningful choices about treatment options and providers, not oriented to the requirements of bureaucracies. Second, care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just on managing symptoms". AMHD embraces these principles to foster the transformation to which it is committed and supports the overall goals and sub-goals at the foundation of this transformation. The six overarching goals of the President's New Freedom Commission are stated as:

- Americans understand that mental health is essential to overall health.
- Mental health care is consumer and family driven.
- Disparities in mental health services are eliminated.
- Early mental health screening, assessment and referral to services are common practice.
- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and information.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

During FY 2007, the AMHD provided services to more than 13,545 adults with severe and persistent mental illness or those in acute crisis. The population served has been steadily increasing over the past six years when approximately 4,500 people were served. Continuation of existing services and a continually increasing trend in persons served is a major consideration in the AMHD budget request.

Service provision for this population occurs through the Access program and three major statewide service delivery subsystems: 1) Community Mental Health Centers (CMHCs), 2) Hawaii State Hospital (HSH), and 3) Purchase of Service (POS) providers. These three service components provide AMHD with a comprehensive array of over fifty mental health services across five core service areas (described further below).

There are a total of nine Community Mental Health Centers (eight state-operated and one private), including two CMHCs on Hawaii, one on Kauai, one on Maui, and four public CMHCs on Oahu. The only private CMHC is located on Oahu. HSH psychiatric inpatient services are state operated and additional inpatient psychiatric beds are contracted through POS contracts. In addition, AMHD contracts with approximately fifty community-based POS vendors for a variety of community-based services.

The AMHD provides five core services in each county including: 1) case management and affiliated support services, 2) treatment services, 3) crisis response and affiliated services, 4) a continuum of housing services, and 5)

psychosocial rehabilitation services. County-based AMHD Service Area Administrators, working with county-level advisory boards in each county, are responsible for coordination and integration of care.

In each of these core areas, AMHD Service Directors (i.e., content experts) work across counties, and in cooperation with each county's Service Area Administrator, to assure the provision of accessible, appropriate, and quality care.

As noted above, the AMHD service array is comprised of five core service areas and thirty-nine services, as shown below:

CASE MANAGEMENT AND COMMUNITY SUPPORT
1. Targeted Case Management (TCM)
2. Intensive Case Management (ICM)
3. Assertive Community Treatment (ACT)
4. Care Coordination (CC)
5. Consumer Advocacy
6. Homeless Outreach
7. Representative Payee Services
8. Respite Services
9. Consumer Transportation
10. Peer Coaching
11. Community-Based Intervention (CRF)
12. Community Resource Funds (CBI)
13. Family Psychoeducation
14. Legal Advocacy
TREATMENT SERVICES
15. Jail Diversion
16. Assessment Services
17. Inpatient General with Psychiatric (Community Hospital)
18. Inpatient Psychiatric Specialty State (i.e., HSH, Kahi Mohala)
19. Specialized Residential
20. Intensive Outpatient Hospital Services (includes Partial Hospitalization, dual diagnosis)
21. Day Treatment (includes dual diagnosis)
22. Outpatient Clinic: Individual Therapy
23. Outpatient Clinic: Group Therapy
24. Outpatient Clinic: Family Therapy/Collateral
25. Outpatient Clinic: Somatic Treatment (medication)
CRISIS/EMERGENCY SERVICES
26. Emergency Telephone, Walk-In, Urgent Care
27. Crisis Mobile Outreach (CMO)
28. Licensed Crisis Residential Services (LCRS)
29. Crisis Support Management (CSM)
30. Certified Peer Specialist Support
COMMUNITY HOUSING
31. Interim Housing

32. 24-Hour Group Home
33. 8-16 Hour Group Home
34. Semi-Independent Living
35. Supported Housing
PSYCHOSOCIAL REHABILITATION
36. Structured Independent Living Skills (SILS) Training Programs
37. Clubhouse
38. Supported Employment
39. Supported Education

In summary, the AMHD provides a comprehensive, integrated array of services in five core service areas but the growing demand for service and continuing development to assure service availability in each county requires increased funds to fully meet program objectives.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

During the past fiscal year, a major goal of the AMHD has been to establish core services in each county. This effort has largely been successful, with some service development expected to occur on the neighbor islands during the coming fiscal year. Services that remain to be implemented on neighbor islands are licensed crisis residential shelters in Kona and Kauai. However, during the past fiscal year, the number of consumers served in outpatient services exceeded the planned amounts because of this development of core services and increased outreach and access to service. In addition, the number of individuals placed in community housing and served with crisis intervention services exceeded the planned amounts for the same reasons.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The results directly relate to the Department's mission in the promotion and enhancement of the psychological health of the people of the State by the effective and efficient utilization of limited public and private resources.

The essential community mental health public health services of AMHD include:

1. Monitoring health status to identify community health problems.

   Within the AMHD system of mental health care, health status is regularly monitored through quality of life interviews, self-report surveys and analysis of key indicators such as housing status, employment, and contact with the criminal justice system. Additionally, the AMHD monitors significant health events through its performance improvement, risk management, and quality management monitoring systems.

2. Diagnosing and investigating health problems and health hazards in the community.

   The AMHD diagnoses and investigates problems and health hazards in the community through an active complaints and grievances process that is spearheaded by AMHD Consumer Affairs staff in conjunction with Performance Improvement staff. Contractual services are regularly monitored by Service Directors, Performance Improvement staff, Utilization Management staff, and the Services Research and Evaluation Unit. In addition, Planning and Compliance staff serve as an oversight mechanism.

3. Mobilizing community partnerships to identify and solve health problems.

   The AMHD works with numerous community groups to identify and solve health problems including the AMHD provider network, the Hawaii Center for Evidence-Based Practice, and the University of Hawaii. Mental Health advocates, family members of the mentally ill, and consumers of mental health services are particularly active partners who regularly provide input and solutions to health problems through participation on county level Service Area Boards, the State Council on Mental Health, and the HSH Advisory Board. In addition, Consumer Affairs staff, Provider Relations staff, and county level Service Area Administrators are responsible for working with partners to identify and solve problems.

4. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable.

   The AMHD Access program is a 24 hours per day, 7 days per week telephone crisis and referral service that provides mental health information to the community and links callers to appropriate agencies where they can obtain the services they need. The program also can authorize the use of crisis mobile outreach services and schedule appointment at state-operated community mental health centers.

5. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.

   a. Within the AMHD, the effectiveness, accessibility, and quality of health services are evaluated through multiple mechanisms. The Services Research, Evaluation, and Reports unit is responsible for the regular evaluation of services including the annual administration of a consumer survey reporting on consumer experiences with regard to accessibility, quality, and the outcomes of services. In addition, the county level Service Area Boards serve as a local forum charged with evaluating the adequacy of population-based health services.

   b. The AMHD also provides internal programs of performance management, risk management, and the tracking and resolution of complaints and grievances through Consumer Affairs staff and Performance Improvement staff.

C. Explanation of How Program's Effectiveness is Measured and Results

The AMHD maintains and contributes performance results required by the federal government as a condition of the Community Mental Health Services Block Grant. This consists of providing an annual comprehensive report of 20 tables of data entitled the "Uniform Reporting System" (URS) and a set of National Outcome Measures (NOMS) which reflects improvement in consumer ability in meaningful life areas such as employment, housing, and interactions with the criminal justice data system. Data from FY 2007 is available in the FY 2007 – State Implementation Report. Additionally, the AMHD monitors significant health events through its performance improvement, risk management, and quality management monitoring systems.

The AMHD also contracts with a Consumer Assessment Team to provide peer-to-peer data collection on satisfaction with services and other areas. The Consumer Assessment Team is supervised and trained by the University of Hawaii's Mental Health Services Research, Evaluation, and Training program.

D. Discussion of Actions Taken to Improve Performance Results

AMHD has undertaken several major initiatives to more effectively and efficiently provide services to adults with severe and persistent mental illness. These initiatives include:

1. Further development of a statewide utilization management (UM) process that reviews the services provided to each consumer served by AMHD including the CMHCs and POS providers. The UM process determines:

   a. The appropriateness of the services being provided.

   b. The appropriateness of the length of time for services to be provided.

   c. The appropriateness of the setting in which the consumer is receiving services.

   d. Whether services are being funded in the least costly method for the State.

2. Further development of a statewide quality management (QM) process that reviews the quality of services provided. The QM process reviews and addresses:

   a. The compliance of AMHD operated and funded programs and services to policies, procedures, standards of treatment, evidence-based practices, and models of care and treatment identified by the AMHD.

   b. Serious incidents that occur to consumers and program personnel and monitors corrective action.

c. The compliance of AMHD operated and funded programs and services to accreditation and certification standards and requirements identified by the AMHD.

3. Commitment to, and implementation of, evidence-based practices (EBPs), fidelity monitoring, and evaluation of services in ways that are meaningful to consumer recovery.

   a. EBPs are interventions supported by consistent scientific evidence showing that they improve outcomes in the lives of adults with severe and persistent mental illness. The AMHD is presently working on the implementation of the following six EBPs:

      - Assertive community treatment (ACT)
      - Family psycho-education
      - Illness management and self-directed recovery
      - Integrated dual diagnosis treatment (for individuals who abuse substances)
      - Standardized medication algorithms
      - Supported employment

   b. Research on the implementation of EBPs shows the importance of programs adhering to key elements or "critical ingredients" of EBPs (i.e., maintaining "fidelity" to EBP models) in order to assure the outcomes shown by the scientific evidence. AMHD is conducting regular assessments of ACT program "fidelity" in order to ensure that ACT programs are being correctly implemented in Hawaii.

   c. The AMHD has identified important goals, objectives, and performance indicators to guide development of community-based care for adults with severe and persistent mental illness. Some of the more important include commitments to:

      - Provide services that consumers find accessible.
      - Provide services that consumers find helpful.
      - Help any consumer who wants to work find competitive employment.
      - Help consumers to live as independently as they choose.
      - Decrease the involvement of consumers with the criminal justice system.
      - Decrease homelessness among adults with serious and persistent mental illness.
      - Provide services that consumers find appropriate.
      - Provide services that consumers find satisfying.
      - Help consumers find housing and live as independently as they choose.
      - Provide services in rural areas that consumers find accessible, helpful, appropriate, and satisfying.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications

At this time, no formal changes have been made to AMHD's program performance measures, however, in keeping up with national standards, AMHD has also internally adopted the NOMS that are consistently used across the nation. These performance outcome measures for a comprehensive system of care include: housing, employment, case management, rehabilitation, and special populations including rural, homeless, and forensic populations. Performance measure revisions have included adding measures for outcomes of EBPs including the NOMS recovery outcomes. Other revisions have included adding the NOMS for forensic and non-forensic readmissions for 180 days for HSH and Kahi Mohala Hospital. These revisions have been made consistent with the evolution of national policy and legislative changes and will be considered for inclusion in the next opportunity to update program performance measures during the upcoming biennium budget preparation.

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

During FY 2007, the AMHD provided services to more than 13,545 adults with severe and persistent mental illness or those in acute crisis. The population served has been steadily increasing over the past six years when approximately 4,500 people were served. Continuation of existing services and this continuing increasing trends in people served is a major consideration in the AMHD budget request.

One of the difficulties arising from this continued rapid growth in the number of people served each year is that of maintaining appropriate case management ratios (i.e., the number of case managers available per people being served). Because of the continued rapid growth in the number of people served each year, the State has not been able to attain appropriate case management ratios as defined by national standards. Complicating the issue of identifying and meeting appropriate case management ratios is that case acuity level dictates the ratios recommended for quality care. AMHD has not been able to hire a sufficient number of case managers primarily within the CMHCs to satisfy the caseload acuity mix of consumers receiving services due to the increasing rapid growth in population served.

A significant factor influencing the acuity level of persons served by the AMHD is the high rate of abuse of crystal methamphetamine or "ice" in Hawaii. Individuals with severe and persistent mental illness in community settings are known to abuse prescription and illegal drugs at rates of anywhere from 20-60%. Consequently, some individuals with mental illness are also abusers of crystal methamphetamine. However, there is another group of individuals who primarily abuse ice to such an extent that the abuse engenders a range of actions, paranoia, hallucinations, delusions, delirium, and psychosis that is consistent with the symptom profile of severe and persistent mental illness. It seems that these symptoms persist even after a person abusing ice has stopped using the drug and it may take many months or a year to distinguish a primary mental

illness versus a primary drug abuse problem. Because of the difficulty in distinguishing between mental illness or substance abuse as the primary causal factor in such cases, and because treatment in either case is similar to that provided to individuals with mental illness, the AMHD has seen an increase in this difficult to serve population.

Insufficient case management ratios and lack of staff with advance degrees (i.e., M.S.W., Ph.D., Psy.D. etc.) are also problematic during unexpected instances of individuals "walking-in" to CMHCs and getting timely help. AMHD has experienced an increase in such occurrences over the past few years as efforts to promote access to services have been undertaken through "word of mouth" advice and through skills training of consumers who are more able to access services when in crisis. A person who walks in to a CMHC is usually a person in crisis requiring immediate attention and therapeutic intervention or is a registered consumer of the CMHC needing some kind of immediate assistance. As the number of persons served has increased, the number of case management and therapeutic staff available to handle these unexpected instances has increased at a slower rate.

In addition to issues arising from a rapidly expanding population of individuals requiring services, a second set of issues relate to the area of forensic mental health. Forensic services are designed to serve the entire range of consumers that become involved in some capacity with the court system. This broadly defined population could include people who have been adjudicated by the courts to be unfit to proceed or acquitted and committed to the Department of Health for care, custody, and treatment. Indeed, over 80% of patients at HSH have court involvement and many more people in the community with mental illness are arrested for alleged crimes committed as a result of their mental illnesses and incarcerated. The challenge of forensic services is to avoid unnecessary incarcerations, provide high quality forensic evaluations and treatment, and provide the necessary supervision to conditionally released persons to maximize public safety.

It is cost efficient to develop a strong system of community-based forensic services. Once a person is placed in HSH, forensic services can occur but at a very high cost. Many persons who become involved with the legal system are not a risk to public safety and can be safely placed, monitored, and treated within the community system of care; however, it is important that this system of care has the essential components to ensure public safety when monitoring and treating these individuals. If not properly addressed, criminal courts will continue to send non-violent offenders to HSH as it is practiced now.

Many of the individuals sent to HSH are sent there for fitness restoration following a determination that they are unable to proceed to trial for a crime committed. For individuals who are not dangerous and do not pose a risk to public safety, fitness restoration could and should occur in the community. This procedural change allowing outpatient fitness restoration will be cost efficient in decreasing the census at HSH for non-violent offenders. Likewise, increased community-based forensic capacity will allow further development of jail diversion services, close monitoring and assurance of treatment of those individuals on conditional release from HSH, and will allow a closer working relationship with

the Department of Public Safety to coordinate care for mentally ill inmates who are approaching release from custody.

B. Program Change Recommendations to Remedy Problems

Corrective measures being implemented to remedy the problems being faced include:

1. The AMHD has assisted with the development of model court orders and standardized procedures that will promote the appropriate response to criminal defendants with mental illness. Efforts have centered on strengthening the complex relations among the courts, corrections, probation, sheriffs, public defenders, and prosecutors, which has helped to develop much improved systems, including the jail diversion program.

2. AMHD has been working on establishing a strategy for tracking the progress of conditionally released persons, developing fitness restoration programming in the community, developing and implementing a certification training process for forensic examiners, and establishing a series of "critical pathways" that outline the steps to effectively and efficiently manage the court-related issues of patients at HSH.

3. It is increasingly important to have the capacity to divert individuals from the legal system who, although not dangerous or requiring acute inpatient psychiatric services, might otherwise be ordered to HSH. The establishment of a 24 hour supervised setting for individuals requiring court ordered evaluations or who have violated the terms of their conditional releases will result in the more appropriate use of HSH's limited inpatient beds.

4. The Hale Imua program on the grounds of HSH is one example of where four cottages on the hospital grounds allow patients on conditional release needing a high degree of supervision and ongoing programming to be released from HSH and receive treatment and programming at the Windward Oahu CMHC.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies - None

IV. Projected Expenditures for FY 2007 - 2008

A. Financial Data

	Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(198.50)			(198.50)	(198.50)
Personal Svcs.	18,666,373	506,496	-872,973	18,299,896	18,299,896
Current Exp.	78,513,384		883,773	79,397,157	79,397,157
Equipment	114,937		-10,800	104,137	104,137
	(198.50)			(198.50)	(198.50)
TOTALS	97,294,694	506,496	-	97,801,190	97,801,190
Less:					
B - Special Fund	22,382,981			22,382,981	22,382,981
N - Federal Fund	1,643,030			1,643,030	1,643,030
(pos'n ct.)	(198.50)			(198.50)	(198.50)
General Fund	73,268,683	506,496		73,775,179	73,775,179

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program**

   Transfer of $646,246 in general funds from Personal Services to Other Current Expenses to fund a University of Hawaii collaboration contract and to purchase psychiatric services on a fee basis. Transfer of $226,727 in federal funds from Personal Services to Other Current Expenses and $10,800 in federal funds from Equipment to Other Current Expenses to fund various purchase of service contracts.

2. **Explanation of transfers between Program IDs and Impact on the Program** – None

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008 - 09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(198.50)		(198.50)
Personal Svcs.	19,041,250		19,041,250
Current Exp.	78,513,384	10,000,000	88,513,384
Equipment	10,800		10,800
	(198.50)		(198.50)
TOTALS	97,565,434	10,000,000	107,565,434
Less:			
B - Special Fund	22,382,981		22,382,981
N - Federal Fund	1,643,030		1,643,030
(pos'n ct.)	(198.50)		(198.50)
General Fund	73,539,423	10,000,000	83,539,423

Narrative

A. Additional Funds for Purchase of Service Contracts (Item #1)

1. Description of Request

Request additional funds for purchase of service contracts for services for adults with severe and persistent mental illness. These services include treatment services and housing services.

2. Listing of Positions and Cost Categories

	FY 2009
Other Current Expenses	10,000,000 A

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 430 Adult Mental Health - Inpatient

I. Introduction

A. Summary of Program Objectives

Reduce the severity of disability due to severe mental illness through provision of inpatient care with the ultimate goal of community reintegration.

B. Description of Program Activities

1. Provides specialized treatment program consisting of acute/sub-acute, rehabilitative, mental illness substance abuse, and forensic services for adults with severe mental illness.

2. Provides specialized services including psychiatric services, medical services, psychological services, nursing, social work, occupational therapy, recreational therapy, laboratory services, pharmacological services, and pastoral services.

3. Provides support services including food service, housekeeping, laundry services, engineering, and maintenance.

4. Maintains Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) accreditation and works to attain Centers for Medicare and Medicaid Services (CMS) certification.

Hawaii State Hospital (HSH) is the only state psychiatric hospital in Hawaii, serving all islands. HSH is fully accredited by JCAHO and operates a total of 202 licensed beds for the treatment of adults, eighteen years of age and older, providing acute, 30 days or less; intermediate, 30-180 days; and extended, 180 days or longer, in-patient psychiatric and health care services within a continuum of care provided by the Adult Mental Health Division (AMHD). Care is provided for both civil and forensic patients, although the patient population continues to trend towards an increasing number of forensic commitments.

Clinical decision making is based on identified patient health care needs rather than the ability to pay or any other financial risk or concern.

The population of the hospital includes patients referred primarily from the courts, the community, and other facilities. HSH serves individuals who qualify for AMHD services that require a hospital level of care and persons committed to HSH by the circuit and district criminal courts and the family courts of each judicial circuit. There are cases in which the person committed to HSH by a court does not meet the HSH utilization management criteria for hospital level of care, especially cases in which the safety of members of the public is an issue. Most of HSH patients are committed

by the Hawaii criminal courts. Of those, the majority are initially charged with crimes classified in the Hawaii Penal Code as class C felonies or non-felonies (citations, violations, petty misdemeanors, or misdemeanors).

Pretrial detainees in state court criminal proceedings who need to remain in custody for examinations for suspected physical or mental disease, disorder or defect usually remain in custody of the Department of Public Safety (PSD); although, pretrial detainees who exhibit clear signs and symptoms of serious mental illness at their first court appearance may be committed directly to HSH.

A minority of patients are civilly committed to HSH by the family courts of the various judicial circuits. Currently, no patients are admitted on a voluntary basis. A few of the voluntary patients have been long term patients, and others are persons who were released by the criminal courts on conditional release (CR) and placed in the community but who require short term inpatient services for medication management or stabilization in some other respect. In addition, the probation officers of former patients now on CR have the authority to order the conditionally released person to be hospitalized for a maximum of seventy-two (72) hours. These "72 hour holds" may be extended by an appropriate court order, or the CR order may be modified to require a period of hospitalization without the complete revocation of the conditional release.

The diagnostic profile of patients served by HSH includes schizophrenia and related disorders, mood disorders, substance abuse, and other disorders.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

HSH will continue to strive to meet its objectives through appropriated funds; however, it is projected that the appropriated funds will not allow the hospital to meet all its needs. As the patient census increases, so do the costs associated with the increased numbers of patients being served.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY's 2007

All units are responsible for following Hawaii State Hospital's Plan for Performance Improvement including planned performance assessment and improvement activities, and initiating activities designed to follow-up on unusual occurrences or specific concerns/issues which may include patient safety. Each unit, as appropriate, will be represented on performance improvement teams for the organization. All units and services will participate in improving the organization's performance through the Performance Improvement Plan.

The Performance Improvement Committee (PIC) is comprised of the Hospital Executive Committee (HEC), the Medical Executive Committee (MEC), selected Unit Chiefs, selected Function Team Leaders, and the Director of Nursing, and is responsible for steering and coordinating performance improvement activities as well as setting performance improvement priorities.

The function teams report their activities and recommendations to the PIC for approval. All clinical recommendations are forwarded to the MEC for review and approval via the Recommendation Memo/Policy and Procedure Routing Form. Conflicts between MEC and PIC will be cross-talked with HEC, with the final decision made by HEC.

After approval by either/or both of these committees, implementation is initiated and the PIC may delegate to a function team or other committee to monitor.

B. Explanation of How Results Relate to Program's Objectives and the Department's Mission

The Hospital Plan for the Provision of Patient Care describes the framework by which leadership will plan, design, direct, coordinate, evaluate, and improve patient care. The provision of patient care at HSH occurs through an organized and systematic process designed to ensure the delivery of safe, effective, and timely care. The provision of patient care services and the delivery of patient care require specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, psychosocial, and medical sciences. Patient services are planned, coordinated, provided, delegated and supervised by professional health care providers who recognize the unique physical, emotional and spiritual needs of each person. Patient care includes the recognition of disease and health, patient/family teaching, patient advocacy, and research. Medical staff, nursing, and other health care professionals function collaboratively as part of an interdisciplinary team to achieve optimal patient outcomes. HSH's mission, vision and values, strategic plan, annual budget, unit services, programs, and the professionalism of the staff supports the Hospital Plan for the Provision of Patient Care.

C. Explanation of How Program's Effectiveness is Measured and Results

1. Compliance with the standards in accordance with Department of Health licensing requirements. HSH is licensed for 202 beds through May 31, 2008. The hospital is due for a visit by the licensing team at any time.

2. Compliance with standards in accordance with JCAHO. The hospital achieved re-accreditation during a four-day survey held during October, 2005. JCAHO has changed to a pass/fail survey process and to unannounced surveys which require only one-hour notification. These changes promote continuous readiness.

3. The HSH Report Card System that measures performance and their results is currently under review.

D. Discussion of Actions Taken to Improve Performance Results

1. The Periodic Performance Review (PPR), a self evaluation for compliance to JCAHO accreditation standards was submitted and approved by JCAHO on December 16, 2007.

2. A Corrective Action Plan is being developed to address the five (5) "Requirements for Improvement" indicated in the October 2005 survey.

3. AMHD continues to provide oversight of HSH.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications

None.

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

1. HSH does not have any control over its admissions. Patients are ordered into the hospital through the courts and HSH is required to admit them within 48 to 72 hours of the order being written. This requirement is mandated by an existing court order and failure to comply will result in being held in contempt of court. Placement of HSH patients is difficult due to their legal encumbrances, length of time required to stabilize, treat, and find placement in an appropriate community setting providing there is a setting in which to place the patient. Even with removing the legal piece in the equation, the fact remains that HSH is receiving more patients with very serious physical and mental health complications. There simply is not enough capacity in the existing facility to meet the demand. When the hospital reaches a census above 178 patients, staffing and overcrowding become significant issues.

2. Almost all costs associated with the operation of the hospital increase proportionately with the rise in census. AMHD's client base is gradually aging and requires more attention to treat their medical needs as well as treat their mental illness needs. The combination of these two factors creates a very complex treatment process and increases the associated costs.

B. Program Change Recommendations to Remedy Problems

1. Additional and/or new hospital buildings to allow for greater patient capacity.

2. Greater outpatient placement alternatives to allow HSH to move more patients through to discharge.

3. Create outpatient capacity on the grounds of the hospital in existing buildings (i.e., Hale Imua, Fitness Restoration Program and the upcoming Secure Residential Treatment Facility).

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

1. Availability of and hiring into new positions to support the Secure Residential Treatment Facility will assist in addressing the rising hospital census.

2. The Senate Concurrent Resolution 117 task force was convened by the Governor and included participation by members of the Legislature, Judiciary, Prosecutor's office, Office of the Public Defender, HSH staff, AMHD staff, and others. The task force focused on a variety of existing and potential programmatic, legal, policy, procedural, and other initiatives which may make a difference in the census problem at HSH.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Appr'n for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(613.50)			(613.50)	(613.50)
Personal Services	29,885,607	1,202,004	1,214,719	32,302,330	32,302,330
Other Current Expenses	22,344,776		-1,214,719	21,130,057	21,130,057
Equipment	1,403,825			1,403,825	1,403,825
Lease	76,796			76,796	76,796
Motor Vehicle	32,260			32,260	32,260
	(613.50)			(613.50)	(613.50)
Total – General Fund	53,743,264	1,202,004	-	54,945,268	54,945,268

Narrative

1. Explanation of transfers within the Program ID and Impact on the Program

A net transfer of $1,214,719 from Other Current Expenses to Personal Services is made to augment funds for anticipated new hires and collective bargaining pay rate increases for FY 07-08.

2. Explanation of transfers between Program IDs and Impact on the Program

$1,403,825 that was appropriated for the HSH Security Management System was transferred to the Department of Accounting and General Services (DAGS) and the responsibility for the delivery and installation of the system was delegated to DAGS Public Works.

3. Explanation of Restrictions and the Impact on the Program

None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(Pos'n Count)	(613.50)		(613.50)
Personal Services	29,885,607		29,885,607
Other Current Expenses	22,453,832	209,873	22,663,705
Equipment	595,995		595,995
	(613.50)		(613.50)
TOTALS: General Fund	52,935,434	209,873	53,145,307

Narrative

A. Brief Title of Request: Funds for HSH Sewer Usage (Item #6)

1. Description of Request

Request additional funds to cover increases in sewer fees. Effective July 1, 2007, the City & County of Honolulu has increased their commercial accounts sewer fees by 84%. Funds requested will cover budget shortfall on sewer cost.

2. Listing of Positions and Cost Categories

	FY 2009
Other Current Expenses	209,873 A

VI. Program Restrictions

None

VII. Capital Improvement Project (CIP) Request for Supplemental Year FY 2008-09

A. Project Title: Hawaii State Hospital, Intensive Care Unit and Secure Residential Treatment Buildings, Oahu

1. Description

Construction of Psychiatric Intensive Care Unit and Secure Residential Facility buildings.

2. Financial Requirements by Project Phase, MOF, Cost Element

	FY 2009
Design	299,500
Construction	3,106,629
Total Request:	3,406,129 C

3. Explanation and Scope of the Project

Plan, design, construct and modify a psychiatric intensive care unit on Unit F in an existing area not designed for this purpose, and modifications to Cottages M, N, O,and P to provide for a 22-bed secure residential program unit.

4. Justification for the Project

HSH receives individuals from the Courts and PSD that require a higher level of security due to their public health risks. This project will better allow HSH to manage those individuals and improve public safety.

5. For all lump sum requests, please provide a specific breakout detailing specific projects for all planned expenditures.

Not applicable.

6. Senate and House District for the Project

- 24th Senatorial District
- 48th Representative District

B. Project Title: Hawaii State Hospital, Repairs and Improvements to Various Buildings and Site, Oahu

1. Description

Construction to repair and provide improvement to various buildings and facilities at HSH.

2. **Financial Requirements by Project Phase, MOF, Cost Element**

	FY 2009
Design	1,000
Construction	2,999,000
Total Request:	3,000,000 C

3. **Explanation and Scope of the Project**

The project allows HSH to sustain their level of operations in their various buildings and facilities.

4. **Justification for the Project**

The buildings and facilities at HSH are aging and in need of repair and maintenance to sustain the operational capability of the buildings and facilities without major disruption to service to patients and public safety.

5. **For all lump sum requests, please provide a specific breakout detailing specific projects for all planned expenditures.**

Not applicable.

6. **Senate and House District for the Project**

- 24th Senatorial District
- 48th Representative District

VIII. Proposed Lapses of Capital Improvements Program Projects - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 440 ALCOHOL AND DRUG ABUSE

I. Introduction

A. Summary of Program Objectives

To provide leadership in reducing the severity and disabling effects related to alcohol and other drug use, abuse, and dependence by ensuring the implementation of current needs assessments, policy formulation, and quality assurance functions and by assuring an effective, accessible public/private community-based system of prevention strategies and treatment services to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

B. Description of Program Activities

Major activities carried out in this program focus on the formulation and implementation of policies; planning, identification of needs; programming, allocation, and distribution of resources; management of programs and facilities; administration and oversight of approved expenditure plans, budgets, quality assurance, certification of substance abuse counselors, accreditation of treatment programs, monitoring information systems, training initiatives and workforce development; and the provision of consultation, technical assistance and training on a statewide basis.

Activities include a wide range of adult and adolescent substance abuse treatment and prevention services. Major activities are performed by purchase of service contracts with private and public agencies statewide.

Substance abuse treatment services involve addressing addiction and relapse issues to prevent or interrupt the dependence and relapse cycle. Structured continuing aftercare services are provided to maintain treatment gains and to continue the client's program of change to achieve a drug-free lifestyle by affecting the physical, psychological, social and familial and spiritual aspects of one's life.

Treatment services include adult residential, intensive outpatient, outpatient, non-medical residential detoxification, methadone maintenance, adolescent residential and adolescent school-based outpatient services. Populations of particular emphasis continue to be pregnant women, parenting women with children, adolescents, injection drug users, Native Hawaiians and adult criminal justice offenders.

Substance abuse prevention is the promotion of constructive lifestyles and norms that discourage alcohol and other drug use and the development of social and physical environments that facilitate drug-free lifestyles. Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation. Substance abuse prevention efforts also seek to reduce risk factors or to enhance protective factors in the individual/peer, family, school and community domains. Risk factors are those characteristics or attributes of a person, their family, peers, school or environment that have been associated with a higher susceptibility to problems such as alcohol and other drug abuse. Protective factors are those psychological, behavioral, family and social characteristics that can insulate children and youth from the effects of risk factors that are present in their environment.

Other activities include developing requests for proposals, processing contracts, monitoring of service delivery, fiscal management, evaluating outcomes and providing technical assistance to service provider agencies. Training services include development, implementation and

updating of a statewide substance abuse workforce development training plan, completion of training assessments annually, and the development of training sites and curricula.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The Alcohol and Drug Abuse Division (ADAD) will continue to provide substance abuse prevention and treatment services to the general population with particular emphasis on pregnant and parenting women and children, injection drug users, adolescents, Native Hawaiians and adult criminal justice offenders. Efforts are focused on individuals who need public resources to access needed substance abuse programs and services.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

1. ADAD has implemented performance based treatment contracts to increase accountability for funds and to ensure that funds are used for face-to-face substance abuse treatment by agencies. The Management Information System (MIS) system enables ADAD to link fiscal, client data, and contract information. The data from this system provides ADAD with profiles of clients in treatment, as well as the outcome of treatment services received. Data collected include client admission, discharge and follow-up information that are submitted by contracted treatment agencies for each client receiving treatment services. Six months after the client has been discharged from treatment services information is gathered that assesses general treatment outcomes. These measures include percentage of clients employed in school or training; percentage of clients with no new arrests; percentage of clients with no substance use; percentage of clients with no hospitalization; percentage of clients with no need for additional treatment; percentage of clients with no emergency room visits; percentage of clients with no psychological distress since discharge; and percentage of clients who are in stable living arrangements.

TREATMENT PROGRAM PERFORMANCE RESULTS

During State Fiscal Year 2007 (July 1, 2006 to June 30, 2007), six-month follow-ups were completed for a sample of 634 adolescents. Listed below are the outcomes for the sample.

ADOLESCENT SUBSTANCE ABUSE TREATMENT – FY 2007	
MEASURE	PERFORMANCE OUTCOMES ACHIEVED FY 2006-07
Employment/School/Vocational Training	93.4%
No arrests since discharge	89.4%
No substance use in 30 days prior to follow-up	51.3%
No new substance abuse treatment	82.3%
No hospitalizations	94.5%
No emergency room visits	92.3%
No psychological distress since discharge	81.5%
Stable living arrangements	94.8%

During State Fiscal Year 2007 (July 1, 2006 to June 30, 2007), six-month follow-ups were completed for a sample of 1,208 adults. Listed below are the outcomes for the sample.

ADULT SUBSTANCE ABUSE TREATMENT – FY 2007	
MEASURE	**PERFORMANCE OUTCOMES ACHIEVED**
	FY 2006-07
Employment/School/Vocational Training	61.2%
No arrests since discharge	91.6%
No substance use in 30 days prior to follow-up	77.1%
No new substance abuse treatment	76.1%
No hospitalizations	94.2%
No emergency room visits	92.0%
Participated in self-help group (NA, AA, etc.)	50.0%
No psychological distress since discharge	83.6%
Stable living arrangements	81.5%

2. Efforts to enhance ADAD's capabilities in data and information management include the following:

   State Outcome Measurement and Management System (SOMMS). The SOMMS is the Substance Abuse and Mental Health Services Administration, Center for Substance abuse Treatment data collection and reporting system that replaces the Treatment Episode Data Set (TEDS). This is the system from which state and national substance abuse reports are created and posted on the web. ADAD submits SOMMS data monthly and receives a grant for timely and accurate submission of data.

   Web-based Infrastructure for Treatment Services (WITS). WITS is a real-time, centralized, Health Insurance Portability and Accountability Act (HIPAA) of 1996 compliant, provider oriented data collection, billing and reporting system. WITS will provide the division the ability to respond to evolving requirements for measuring provider performance, improve data quality, accommodate different methods of payment for services, and satisfy both federal and State reporting requirements.

   Knowledge-based Information Technology (KIT) Solutions©. The web-based KIT Solutions©, which will eventually replace the Minimum Data Set (MDS) prevention management information system, will allow for administration at both county and state levels, collection of both process and outcome data, and allow providers to conduct program level evaluation.

3. One of the ADAD's goals is to increase the quality and quantity of substance abuse counselors who are certified by ADAD. In 1994, ADAD implemented national standards for certifying substance abuse counselors. Prior to 1994, there were 144 certified counselors in Hawaii. After the adoption of administrative rules in 2001, the number of certified substance abuse counselors rose to 576 by June 30, 2007. With an increase in education and training opportunities through substance abuse counseling curricula offered by community colleges and universities statewide, the percentage of examinees passing both oral and written examinations has increased from 45%-50% in 1994 to 80%-85% in 2007. Over this same period, the number of applicants for certification with at least a bachelor's degree increased from approximately 35% to 60%. Of this number, a growing number of certified substance abuse counselors have a master's degree or above.

4. ADAD manages federal grants and cooperative agreements. Continued implementation of projects during Fiscal Year 2008-2009 are as follows:

Strategic Prevention Framework State Incentive Grant (SPF SIG). The federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Hawaii $2.1 million per year over five years (2006-2011) to improve substance abuse prevention planning and programs. The grant provides resources to build on the State's past progress to control drug abuse and underage drinking.

Ecstasy and Other Club Drugs Cooperative Agreement. Continued federal funding of the Ecstasy and Other Club Drugs Cooperative Agreement (through September 2007) expands evidence-based prevention services and practices that are culturally relevant and effective in addressing the increasing and urgent problem of ecstasy use among students in the Windward School District on Oahu.

State Epidemiological Outcomes Workgroup. The State Epidemiological Outcomes Workgroup (SEOW) grant awarded in March 2006 gives Hawaii an opportunity to expand the existing Community Epidemiological Work Group (CEWG) to include the collection, analysis and reporting of substance use incidence, prevalence, risk and protective factors, related consequence data, program process and outcome data, National Outcome Measures (NOMs), archival data, and other related data to guide state and community level prevention planning, monitoring, and evaluation.

Enforcing Underage Drinking Laws. The U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) awarded a $350,000 grant to each of the 50 states and the District of Columbia to enforce state and local underage drinking laws. The awards support activities in law enforcement, public education programs, and policy development.

Discretionary Grant for Enforcing Underage Drinking Laws. The U.S. Department of Justice, Office of Justice Programs, OJJDP awarded funds for the Hawaii *Enforcing the Underage Drinking Laws Discretionary Program: Initiative To Reduce Underage Drinking.* The project supports and enhances efforts to prohibit sales of alcoholic beverages to minors (defined as individuals under 21 years of age) and the consumption of alcoholic beverages by persons serving in the United States Air Force (USAF) who are under the age of 21. The grant award is for $350,000 in each year of a 3-year (2006-2009) effort.

5. One of ADAD's goals is to decrease the percentage of stores illegally selling tobacco to minors. ADAD's federal funding requires that by the FY 2000 no more than 20% of a random sample of stores will sell tobacco to minors. The 2007 survey by the Department of Health's ADAD shows tobacco sales to minors continue to be low across the state. The University of Hawaii's Cancer Research Center of Hawaii was contracted by ADAD to conduct federally mandated annual inspections of retail outlets that sell tobacco to determine the extent of illegal sales of tobacco products to youth under age 18.

   Ten years ago, the rate of illegal tobacco sales in Hawaii was 44.5%. In the most recent survey, 20 retail outlets (8.7 percent) sold to minors. The 2007 non-compliance rates around the state are 17.2 percent for the County of Hawaii, 16.7 percent for the County of Kauai, 6.8 percent for the City and County of Honolulu, and 6.7 percent for Maui County. In Hawaii and Kauai Counties, there was an increase in their rates, 9.7 percent to 17.2 percent and 0 percent to 16.7 percent, respectively.

6. Pregnant addicted women are the priority admissions for substance abuse treatment. All pregnant addicted women have to be admitted to treatment within 48 hours or receive interim services. ADAD measures this by requiring all treatment programs to submit a weekly FAX report on any pregnant woman on a wait list for treatment.

7. Injection drugs users (IDU's) are the second priority for admission to substance abuse treatment. All IDUs have to either be admitted to treatment or receive interim services while awaiting admission that must occur within 120 days.

8. ADAD measures treatment capacity for publicly funded clients by requiring each treatment program to FAX a weekly report on whether the program capacity has reached 90% or above. For the past 5-8 fiscal years, the majority of ADAD funded adult and adolescent residential treatment program space was filled to capacity.

9. In collaboration with the Department of Public Safety, Hawaii Paroling Authority and the Judiciary, ADAD continues implementation of integrated case management and substance abuse treatment services to divert adult criminal justice offenders into treatment. Services for criminal offenders were initiated in July 2002.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The following results relate to ADAD's program objectives as well as the Department's mission, specifically in health promotion.

1. Sustaining effective substance abuse treatment services for both adults and adolescents statewide.

2. Building resilience skills in individuals and reducing risk factors in communities that have been correlated with substance use.

3. Preventing the sale of tobacco and alcohol to minors, limiting youth access to alcohol and enforcing underage drinking laws to prevent early onset drinking and thus promoting children's health.

4. Promoting the health of pregnant women, injection drug users, and individuals involved in the criminal justice system and keeping them drug and alcohol free.

C. Explanation of How Program's Effectiveness is Measured and Results

The program performance for FY 2007 is reflected in the charts in Part II A. It is anticipated that the program performance effectiveness and results will be similar for FY 2008.

1. ADAD uses outcome measures to assess the general effectiveness of programs and services, to determine the type of training to be offered to increase the efficiency of substance abuse treatment services, and to provide technical and clinical assistance to substance abuse prevention and treatment agencies statewide.

2. ADAD measures its alcohol and tobacco law enforcement efforts by conducting annual random surveys of alcohol and tobacco retail stores to determine rates of sales to minors. Sales enforcement operations measure the accessibility of alcohol and tobacco to minors.

3. ADAD requires providers to submit a weekly Wait List/Capacity FAX report and will withhold payment to treatment agencies or may cancel service contracts if data is not submitted in a timely manner.

D. Discussion of Actions Taken to Improve Performance Results

Major changes made to increase the efficiency and effectiveness of the program include:

1. Technical assistance and training has been provided to contracted agencies (public and private) to implement evidence–based treatment approaches to help organizations improve the quality of their clinical programs.

2. ADAD prevention initiatives have continued to emphasize the importance of utilizing evidence-based prevention strategies. Technical assistance and training have been provided to prevention service providers for assessing community needs and in selecting, implementing, and evaluating evidence-based prevention approaches aimed at building

resilience skills in youth, educating parents, and reducing risk factors in their community that have been correlated with substance use.

3. The development and implementation of management information systems help assure the availability of client, utilization, outcome, contract, and fiscal data necessary for decision-making. The ADAD integrated management information system provides monthly and daily, if needed, tracking of expenditures, admissions to treatment, and treatment outcomes. ADAD anticipates utilizing this system to provide feedback, consultation and technical assistance to contracted providers, as appropriate.

E. Identification of all Modifications to the Program's Performance Measures and Discussion of Rationale for the Modifications

Not applicable.

III. Problems and Issues

A. Discussion of Problems and Issues Encountered by Program

Major issues and identified community needs affecting the ADAD include:

1. The 1998 Hawaii Adult Household Survey indicated that over 82,000 adults in Hawaii are in need of treatment. Currently, in 2007, the Division has the ability to support treatment for approximately 2,976 adult clients.

2. The 2003 Hawaii Student Alcohol and Drug Use Survey findings indicated that 0.5% of 6th graders, 3.1% of 8th graders, 10.5% of 10th graders, and 16.3% of 12th graders – or approximately 7,826 students statewide – meet the criteria for needing alcohol and/or drug treatment. Currently, in 2007, the Division has the ability to support treatment for approximately 1,866 students in grades 6 through 12.

3. The 1995 Hawaii Double-Blinded Study of Women of Childbearing Age indicated that 12.7% of women surveyed had used one or more illegal drugs within 48 hours of requesting a pregnancy test.

4. Child Welfare Services (CWS) has approximately 6,500 active cases. The Department of Human Services estimates that approximately 90% of CWS clients may be in need of some type of substance abuse treatment.

5. In 2003, 43.2% of probation offenders were in need of substance abuse treatment. 58% of the drugs used were amphetamines, predominantly methamphetamine, which is associated with increased violence. There were 15,385 probationers statewide, indicating that 6,690 offenders needed substance abuse treatment. In addition, there were 2,600 parolees, of which 78% or 2,028 had substance abuse treatment needs. There were 600 offenders on supervised release, of which 70% or 420 had substance abuse treatment needs.

6. The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 has necessitated the replacement of ADAD's treatment management information and billing system with a system that meets HIPAA requirements.

7. The demand for information on performance outcomes by both state and federal funding entities, has required ADAD to increase efforts to collaborate with other public and private sector agencies engaged in funding and providing substance abuse prevention and treatment services in order to ensure timely collection and analysis of programmatic and clinical data.

8. Strategic planning activities within the Division are necessary to: (a) assess and update current organizational responsibilities and efforts; and (b) better align responsibilities and efforts with the agency's functional statements, organizational structure, position classifications, and job descriptions.

9. Legislative authorization to approve the division's request to increase the division's federal expenditure ceiling amount is required in order to continue efforts to implement the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Access to Recovery (ATR) Grant. The ATR Grant will fund substance abuse recovery support services for parents, guardians and other family members that are involved with the Child Welfare Services (CWS) system at $2.75 million in each of the three years of the grant.

B. Program Change Recommendations to Remedy Problems

Remedies being planned or implemented by ADAD include:

1. Continue the implementation of performance-based treatment contracts containing outcome measures. These outcome measures are monitored to evaluate effectiveness of treatment, opportunities for improvement and training, and provide accountability for the use of current funds.

2. Continue the use of federal technical assistance to implement a substance abuse prevention and treatment management information system with activity data, outcome data and contract management data to increase the effectiveness of substance abuse prevention and treatment services.

3. Continue to access time limited federal competitive grants, wherever possible, to supplement general funds for the provision of services.

4. Continue to use Tobacco Settlement Special Funds for tobacco enforcement operations ("stings") to ensure compliance with federal grant requirements as well as maintain a low underage tobacco use rate across the state.

5. Continue to sustain the capacity of public-funded treatment for adolescents, pregnant and parenting women and children, adult and juvenile offender populations, and uninsured and underinsured adults. Any reduction in current funding levels for substance abuse services will severely impact the current limited availability of treatment for this multi-problem population.

6. Continue to sustain efforts to ensure that criminal justice offenders receive substance abuse treatment as a diversion from prison, while incarcerated prior to re-entry into the community and after release. Treatment works to break the cycle of substance abuse and crime in the community.

7. Continue to sustain specialized substance abuse treatment services for CWS clients and their infants that results in reduced foster care costs and increased family preservation. Hawaii's first Family Drug Court is being implemented with support from ADAD utilizing federal funds. The implementation of the SAMHSA-ATR grant program will also extend recovery and support services to families involved in the CWS system.

8. Approval of the request for a $2.75 million expenditure ceiling increase for ADAD will enable the Division to proceed with implementation of the project which is intended to: (a) introduce a system of service vouchers managed electronically via a web-based information technology system to improve access to a range of recovery support services across the state; (b) pilot a system of care that will improve access to needed support services and provide genuine independent choice of service providers for individuals in treatment or in recovery; and (c) support the continuation of current efforts to identify,

recruit, train and qualify new and pre-existing faith and community-based organizations to provide recovery support services which include, but are not limited to: employment readiness and job placement programs, supportive transitional drug-free housing, parenting and child development education, skill-building classes, child care, transportation support, and spiritual counseling.

C. **Identification of Any Program Issues or Problems and Corrective Measures/Remedies**

None.

IV. Projected Expenditures for FY 2008

A. Financial Data

	Act 213/07 Appr'n for FY 2008	C/B	Restriction, Transfer In/(Out)	Net Allocation	Est. Total Expend.
(pos'n count)	(28.00)			(28.00)	(28.00)
Personal Services	1,755,209	69,116		1,824,325	1,824,325
Other Current Expenses	28,691,507			28691,507	28691,507
TOTALS	30,446,716	69,116	0	30,515,832	30,515,832
Less:					
(pos'n ct.)	(0.00)			(0.00)	(0.00)
B—Special Fund	300,000			300,000	300,000
(pos'n ct.)	(6.00)			(6.00)	(6.00)
N—Federal Fund	10,859,867			10,859,867	10,859,867
(pos'n ct.)	(22.00)			(22.00)	(22.00)
A—General Fund	19,286,849	69,116		19,355,965	19,355,965

B. Narrative

1. **Explanation of transfers within the Program ID**

NONE

2. **Explanation of transfers between Program IDs**

NONE

3. **Explanation of Restrictions**

NONE

V. Executive Supplemental Budget Changes for FY 2009

	FY 2009	Supplemental Request	Total FY Requirement
(pos'n count)			
Personal Services	(28.00)		(28.00)
	1,755,209	234,226	1,989,435
Other Current Expenses	29,514,859	2,515,774	32,030,633
	(28.00)		(28.00)
TOTALS	31,270,068	2,750,000	34,020,068
Less:			
(pos'n ct.)	(0.00)		(0.00)
B—Special Fund	300,000		300,000
(pos'n ct.)	(6.00)		(6.00)
N—Federal Fund	10,859,867	2,750,000	13,609,867
(pos'n ct.)	(22.00)		(22.00)
A—General Fund	20,110,201		20,110,201

Narrative:

A. Brief Title of Request: Increase Federal ceiling to accommodate Hawaii Access to Recovery (HI-ATR) Grant (Item #O-12)

1. Description of Request

The Alcohol and Drug Abuse Division (ADAD) was awarded a $2.75 million federal grant by the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), for its Access to Recovery (ATR) Grant application in September 2007.

The total award for the Hawaii – Access to Recovery (HI-ATR) grant is $2.75 million for the first year of a 3-year effort. Funding for each year in Years 2 and 3 of the project will be approximately $2.75 million, with actual funding levels for Years 2 and 3 contingent on availability of funds, progress in meeting project goals and objectives, and timely submission of required data and reports. The ceiling increase will enable the division to receive federal resources to develop, implement and oversee this grant initiative.

2. Listing of Positions and Cost Categories

	FY 2009	
Personal Services	330,562	
Other Current Expenses	2,419,438	
	2,750,000	N

The four temporary positions include a Project Director (#99855H), a Quality Assurance Monitor (#99856H), a Service Developer (#99857H) and an Accountant (#99858H).

VI. Program Restrictions

NONE

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 460 Child and Adolescent Mental Health

I. Introduction

A. Summary of Program Objectives

To improve the emotional well-being of children and adolescents, and to preserve and strengthen their families by assuring easy access to a child and adolescent-focused, family-centered, community-based coordinated system of care that addresses the children's and adolescents' physical, social, emotional, and other developmental needs within the least restrictive natural environment. To ensure that the child and adolescent mental health system provides timely and accessible mental health services, with a commitment to continuous monitoring and evaluation for effectiveness and efficiency.

B. Description of Program Activities

Eight branches and the central division administrative offices (central office) of the Child and Adolescent Mental Health Division (CAMHD) provide major activities that are carried out to achieve program outcomes. The central office assures that a comprehensive array of services is available in all communities that these contracted services are provided as outlined in the contract documents, and that services are delivered with the quality indicated to produce positive results for youth served. The Clinical Services Office disseminates and evaluates the application of evidence-based services across the state. The Performance Management Office (PMO) oversees the credentialing, certification, and monitoring of provider agencies. The PMO also operates the Division's Grievance Office and oversees the Division Quality Assurance and Improvement Program (QAIP). The Central Administrative Services manages contracts, personnel, accounting, and claims review processes.

Staffs in the seven Family Guidance Centers (FGCs) provide intake assessments and intensive case management services while authorizing needed treatments from the contracted provider array. Services are provided with the treatment goal of improving the emotional well being of the children or adolescent, while strengthening the family and community's ability to support the youth in community settings. Staff in the Family Court Liaison Branch provides risk-for-harm screening, mental health assessments, and treatment services for adolescents entering the Detention Home or Hawaii Youth Correctional Facility. The CAMHD operates as a managed care health plan, a Behavioral Health Organization, for the Medicaid eligible population.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

In order to continually gauge that the Department's status in sustaining the progress made during the period of rapid systems improvement during the *Felix* Consent Decree, CAMHD engages in a quarterly performance reporting process that reflects monitoring of its system based on key indicators of the adequacy of its infrastructure and the quality of its services. Each quarterly performance report is publicly available and includes any recommendations for corrective actions based on quantified outcome results.

The CAMHD maintains an operational service delivery system as a qualified Medicaid managed care behavioral health plan. The CAMHD provides a carve-out of behavioral health benefits for Medicaid eligible youth with serious emotional or behavioral disorders. Requirements of this arrangement include adherence to the strict federal requirements of the Medicaid Final Rules for Managed Care Organizations as monitored and evaluated annually by an External Quality Review Organization, including an intensive comprehensive annual on-site review.

The CAMHD will continue the initiative of evaluating and expanding the availability of effective treatment programs, including evidence-based services, statewide. This initiative to provide effective treatments involves workforce development activities, training and performance monitoring feedback.

The CAMHD continues to administer a Substance Abuse and Mental Health Services Administration (SAMHSA) through a carry-over of funds based on an initial 3-year award to develop clinician skills and program interventions, thereby reducing or eliminating the use of seclusion and restraint in residential treatment programs. These activities seek to increase the capacity of the CAMHD system of care to provide positive behavioral supports for youth who receive treatment in residential settings.

The CAMHD also administers another SAMHSA grant. This 6-year award which represents over $7.5 million of Federal assistance funding develops and implements a system of care for a gap group – youth who are aging out of the various service systems and must either transition to adult services or become self-sufficient. The program implements a system of care that encompasses the evidence-based Transition to Independence Process for youth with emotional or behavioral challenges. The grant is in its second year of implementation.

Factors critical to ensuring that CAMHD meets the performance objectives during this biennium include: recruiting and retaining competent personnel in a timely way; sustaining a comprehensive array of private providers to provide timely access to services; strengthening the capacity for in-state residential programs and home-based services to manage the increasing complexity of youth requiring services; and sustaining personnel to provide comprehensive monitoring of purchase of service providers to ensure that service provision is both effective and efficient.

The FGCs will continue to provide quality intensive case management services, assessment and direct services provided by psychiatrists and psychologists, and procure a comprehensive array of services through contracted provider agencies. The branches also provide clinical oversight of care and monitoring of treatments for individual youth. Direct treatment services are provided to youth incarcerated or detained by the Family Court Liaison Branch located at the Hawaii Youth Correctional Facility.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

The CAMHD continued to make progress in achieving results as indicated by our key measures of program performance. These performance indicators are related to services to youth with the most intensive mental health issues.

Subsets of the youth served by CAMHD receive treatment in various out-of-home residential treatment settings based on the high acuity of their mental health concerns and complexity of their life situations. In FY 2007, 14.7% of registered CAMHD youth received services in these residential treatment settings. This was about .3% less than was projected. The average length of stay in these out-of-home placements was only 1% more than projected. The average stay was 207 days as opposed to our projected 205 days. Residential programs include an array of treatment settings from hospital-based programs to therapeutic foster care.

Program performance goals were achieved for the percentage of youth showing functional improvements as measured by the Child and Adolescent Functioning Assessment Scales (CAFAS) or Achenbach Child Behavioral Checklist (ASEBA), two nationally validated functional measurement scales. The percentage of youth showing improvement was within 1% of projections.

Among the key measures of this period that demonstrate sustainability with gains made during the *Felix* Consent Decree, are indicators of youth receiving the services they need on a timely basis. The program results for these access-to-care measures showed that youth continued to receive services on a timely basis with 100% of youth receiving services in a timely way and only 99% receiving the specific service identified in their service plan.

Another core measure of sustainability has been the ability of school complexes to achieve performance ratings of at least 85% on Internal Reviews for measures of child status and system performance. This key performance indicator, one that reflects shared work with the Department of Education, was met for 95% of school complexes across the state.

The CAMHD also conducts extensive quality monitoring of its purchase of service contractor. During the fiscal year, 100% of contracts were monitored, which met the goal for performance.

A key CAMHD initiative in the fiscal year was the continuation of efforts to draw down federal funds for mental health programs. The CAMHD is deemed to be a Pre-paid Inpatient Health Plan and, as such, is required to maintain compliance with rigorous federal standards regulations. The CAMHD has done well in its external quality review audits and was able to draw down federal funds for all registered Medicaid-eligible youth. The CAMHD was able to capture 314% more federal funds than projected, largely due to a retroactive payment of $10 million. The projection was $4,300,000 and $13,518,235.39 was received. CAMHD continues to work with the Med-Quest Division (MQD) to allow CAMHD to submit all allowable claims for all allowed services under its Memorandum of Agreement with MQD.

The CAMHD's commitment to the dissemination of evidence-based services continued in the fiscal year. Both CAMHD and the contracted provider staff received substantial training that increased the ability to choose and deliver evidence-based treatment services. Combined hours of training amounted to over 560 hours. It was originally projected that there would be at least 730 hours of evidence-based training provided. This lower-than expected training value was negatively impacted by vacancies of key professionals.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

By sustaining the performance requirements and gains made for the State during of the years of the *Felix* Consent Decree and successfully meeting the requirements of the Medicaid Final Rules for Managed Care Organizations, there is a high degree of confidence that the Department is assuring the emotional well being of eligible children/youth by providing access to an effective system of care that addresses the physical, social, emotional, and other developmental needs within the least restrictive environment. Through its service and quality management infrastructure, the Department will be able to assure continued sustainability of effective services to the population and continuous improvements to the service system.

C. Explanation of How Program's Effectiveness is Measured and Results

1. Percentage of children/youth admitted to residential programs. The target was 15% and the actual values for the last year was 14.7%, which met the targeted goal. This indicator reflects the high acuities of youth served through CAMHD.

2. Average length of stay (days) for children/youth in residential programs. Average lengths of stay in FY 07 were about 207 days versus an expected 205 days. This length of service in slightly higher than the previous year, again reflective of a higher acuity of youth served by CAMHD than previous years.

3. Percentage of children/youth showing improvement by the CAFAS or the Achenbach system for Empirically Based Assessment (ACHENBACH). These indicators quantify clinical severity and improvements. Clients with improvements have been steady at about 66%.

4. Percentage of direct service expenditures for which Federal reimbursement was received. The FY 07 values were about 25.6% vs. a minimum target of 6.0%.

5. Percentage of children and youth unserved within 30 days of request. This indicator reflects timely access to services. FY 07 values were 0.0%, or no youth unserved, vs. a target of no more than 1%.

6. Percentage of children and youth with service mismatches of greater than 30 days. FY07 values were 1% vs. a target of no more than 2%.

7. Complexes achieving at least 85% performance rating. During FY 07, 95% of complexes achieved the performance goal.

8. Percentage of contracted agencies that receive a performance monitoring. 100% of all CAMHD contracted agencies have been monitored in a timely and comprehensive manner.

9. Hours of staff and provider training and development in applicable evidence-based services. Total number of hours for FY 07 was 234 versus a target of 380. The CAMHD has continued to build on the established base knowledge and skill of its staff members. The difficulty of recruiting for vacancies has impacted this indicator. The CAMHD continues to work within indicated recruitment systems to attract and retain mental health professionals.

10. Hours of staff training and development for providers in evidence-based services. Total number of hours for FY 06 was 330.3 vs. a target of 350. As the previous indicator, this indicator reflects the CAMHD's commitment to promote effective treatment practices within the delivery system.

D. Discussion of Actions Taken to Improve Performance Results

1. A core activity of the CAMHD service system is continuous quality performance monitoring and improvement. The CAMHD Performance Management system provides CAMHD with mechanisms to examine performance and use information to make decisions about needed adjustments to program implementation. Performance data in CAMHD are tracked across all aspects of service delivery and care. Data collection and analysis are conducted systematically and span all areas of performance. This information is critical to determine how well the system is performing for youth, and how well youth are progressing. It is sensitive enough to determine if the system is performing better or worse for certain populations, and comprehensive enough to detect what aspects of care, and in what settings, problems may be occurring.

2. Services are monitored through tracking of trends and patterns found in utilization and satisfaction data, and examinations of practice and quality of services. The use of performance measures has proven to be a key tool in aligning the work of the organization to achieve results in core areas of service provision and supporting infrastructure. Because many measures have been tracked over a number of years, the trending of performance over time has given a quantified perspective of the system transformation of mental health services for youth in Hawaii.

3. Continued practice development and supervision initiatives were implemented to impact results and assure youth were served in the least restrictive environment possible. A major accomplishment associated with practice guidelines based on best-practices was the updating of the *Interagency Performance Standards and Practice Guidelines* including both the Department of Education and the CAMHD. There is on-going interagency problem-solving with the other child-serving agencies around both systems issues and child-specific concerns, especially for youth in the highest levels of care. These actions have aided in the goals of assuring youth are served whenever possible in their own homes and communities, and when services are needed in an out of home setting, the youth returns home as soon as possible. Continual training and vigilance in this area is needed in order to combat tendencies to remove youth from their homes and schools instead of supporting them so that their education and lives are not disrupted, and their families can build needed skills and capacities.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

1. Medicaid matters. Current issues include: reconciling indicated Medicaid payments to the provided capitated rate; the integration of standardized coding processes; assuring indicated memorandum of agreements are executed so there is always a current agreement, assuring cross-department collaboration to reconcile to cost for past years, renegotiating the monthly per-member-per-month rate to more closely

match costs, modifying the state plan to add indicated evidence-based services, and addressing the national initiative associated with National Provider Identification Numbers.

2. Access to services. Assuring consistent access to needed services for rural locations is an ongoing challenge. The contracted provider agencies have had marked cost increases; there have been marked declines in utilizing selected residential services that have threatened the availability viability of some provider programs. There has been a lack of professional qualified mental health providers resources in some rural parts of the state. In addition, as case loads have risen in the Family Guidance Centers, there has been a delay in registering clients for services

3. Agency monitoring. The CAMHD continually needs to ensure timely, coordinated, and efficient monitoring reviews of provider agencies. Monitoring of all aspects of service delivery including both programmatic and claims review within the context of a service system that has continues to change to meet community and best practice initiatives

4. Performance management. The CAMHD, as a managed behavioral health plan, is required to meet all performance areas as outlined in the Medicaid Final Rules for Managed Care Organization. This involves compliance with 17 defined standard areas and annual external on-site review conducted by an External Quality Review Organization. Demonstrating compliance with Medicaid standards and meeting all the requirements associated with status as a health plan is intensive and requires high-level, professionally trained staff and sufficient resources. Personnel vacancies and turnover challenge CAMHD's ability to meet all the performance areas.

5. Family engagement and case management practice. A critical area of sustaining the positive outcomes for the population served includes strong family engagement and case management practice. With higher case loads associated with protracted recruitment times, performance declines.

6. Cross-agency services. The population that CAMHD serves requires strong cross-agency work with schools, child welfare, youth services, and the Judiciary. Cross agency partners have identified challenges accessing the CAMHD delivery system.

7. Workforce development and strategic human resource management. Developing positive outcomes requires a competent and efficient provider network and CAMHD workforce. The CAMHD vacancy rates that are higher than targeted limits, the prolonged recruitment processes through the civil service processes, the projected conversion of exempt positions to civil service positions after the exit from the *Felix* consent decree, and the general difficulty with recruiting health care personnel combine for significant human resource challenges that threaten sustainability of the service system and gains made over the last decade.

8. Network development. Positive outcomes require an expert provider network skilled in the best practices. The CAMHD must continually identify most effective treatment interventions and promote the development of skills and techniques in the provider agencies to provide the most effective treatment for the served populations.

9. Strategic information systems. There are on-going needs to help clinical personnel streamline redundant but complex work processes, there are increasing expectations for increased Medicaid and third-party payments, there is an implicit demand to

assure constant improvements in health care quality to reflect the ever-increasing body of scientific knowledge, and there is a relentless demand for rapid, efficient, and effective data retrieval. As such, another major initiative reflects these needs and calls for upgraded and improved information systems that support clinical and financial processes.

B. Program Change Recommendations to Remedy Problems

1. Medicaid matters. The CAMHD continues to support cross-departmental communication to enhance the availability of federal resources to Hawaii for indicated Medicaid services. The CAMHD, as a QUEST health plan, is a participant of the QUEST Health Plan Management meetings and is reviewing selected position descriptions and reorganizing to reflect the professional competencies and increased demands of health information administration.

2. Access to services. The CAMHD is continually addressing the adequacy of the provider network as the health care delivery systems respond to changing volumes and demands. The need to adjust services and programs adds to the workload of contract management staff. In order to address the increasing case loads of case management staff, CAMHD will be looking to execute contracts for case management to provider agencies.

3. Performance management. The CAMHD has developed a 2007 – 2010 Strategic Plan, which will aid in the implementation of a publicly accountable performance management program. The plan calls for: assurance that the Medicaid Final Rules for Managed Care Organizations are met; the improved integration of performance data with system management; and a consistent community engagement in performance evaluation.

4. Family engagement and case management practice. The 2007 – 2010 CAMHD Strategic Plan created in accordance with HRS 321-175 defines the need to decrease stigma and increase the penetration rate for children and youth in need of critical mental health services. The CAMHD must assure adequate resources such that caseloads of case managers are not unreasonably high and must assure that case managers are continually trained in application in interventions that reflect evidence-based services.

5. Cross-agency services. The CAMHD Strategic Plan outlines the steps for demonstrating braided and blended funding programs with indicated child-serving agencies. This includes strengthening Title XIX (Medicaid) billing practices for both clinical and administrative services, improving the shared funding agreements with multiple agencies, and maximizing funding through federal and community grants. The CAMHD has executed agreements with child welfare and judiciary to assist them with accessing CAMHD services.

6. Strategic human resource management. The CAMHD Strategic Plan for 2007 – 2010 identifies goals to demonstrate the availability of a competent workforce, assure the availability of evidence-based practices in all communities of the state, and demonstrate strong cross-agency partnerships with institutions of higher education. This is a critical administrative matter for 2007. The Practice

Development initiatives will focus on strengthening the competencies of both our current workforce and our emerging workforce.

7. Network development. The CAMHD will assure that there are improved systems for reporting and monitoring utilization management data, design and implement improved outcome measures, and develop and adjust network resources based upon identified needs.

8. Strategic information systems. The demand for increased efficiency and effectiveness mount. As such, the CAMHD has outlined a major initiative that calls for upgraded and improved information systems that support clinical and financial processes. This includes an implementation plan for an electronic clinical record that: integrates with the myriad required forms; prompts treatment planning with best-practice interventions; stabilizes hardware and software allocations; and supports tele-health/tele-medicine opportunities.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

1. Personnel matters. The replacement of exempt positions with civil service positions following the exit from the *Felix* consent decree could lead to a very unstable clinical and leadership work force if the program experiences difficulties in recruitment. The continuation of the special project until these issues can be remediated is a key way of assuring stability in the service system. If CAMHD performance were to decline, the state could reasonably expect increased liabilities associated with a delivery system that that has had high profile/federal oversight in the recent past through the *Felix* consent decree. The CAMHD has observed a direct correlation between low staffing and decreased performance indicators. When performance indicators drop, such as appropriate case loads, negative impacts to client care are assumed.
2. Medicaid matters. There have been protracted recruitment times for both professional and support staff to implement the required billing services and the information management services to support those billing processes. These vacancies have contributed to problem resolution times.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(210.50)			(210.50)	(210.50)
Personal Services	13,360,555	500,661		13,861,216	13,861,216
Other Current Expenses	55,164,949			55,164,949	55,164,949
Equipment	31,500			31,500	31,500
	(210.50)			(210.50)	(210.50)
TOTALS	68,557,004	500,661		69,057,665	69,057,665
Less:					
(pos'n ct.)	(17.00)			(17.00)	(17.00)
B—Special Fund	19,636,965	62,015		19,698,980	19,698,980
N—Federal Fund	2,555,977			2,555,977	2,555,977
U—Interdept'l Transfer	2,260,313	6,647		2,266,960	2,266,960
(pos'n ct.)	(193.50)			(193.50)	(193.50)
A–General Fund	44,103,749	431,999		44,535,748	44,535,748

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program**
   None

2. **Explanation of transfers between Program IDs and Impact on the Program**
   None

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(210.50)		(210.50)
Personal Services	13,360,555		13,360,555
Other Current Expenses	55,176,991		55,176,991
Equipment	31,500		31,500
	(210.50)		(210.50)
TOTALS	68,569,046		68,569,046
Less:			
(pos'n ct.)	(17.00)		(17.00)
B—Special Fund	18,636,965		18,636,965
N—Federal Fund	2,568,019		2,568,019
U—Interdept'l Transfer	2,260,313		2,260,313
(pos'n ct.)	(193.50)		(193.50)
A–General Fund	45,103,749		45,103,749

Narrative - None

VI. Program Restrictions/Reductions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 495 Behavioral Health Administration

I. Introduction

A. Summary of Program Objectives

To enhance program effectiveness and efficiency by formulating policies; directing operations and personnel; and providing other administrative services in the areas of Adult Mental Health inpatient and outpatient services.

B. Description of Program Activities

The Adult Mental Health Division (AMHD) provides a comprehensive, integrated mental health system supporting the recovery of adults with severe and persistent mental illness (SPMI). This system is designed to be accountable and cost efficient while assuring access to high-quality evidence-based services.

Major activities focus on the identification of appropriate services in each county and implementation of policies to integrate services across providers in order to provide continuity of care within and across elements of the system. This entails service planning and assurance of access to appropriate levels of evidence-based care. Evaluation of the effectiveness of programs and the use of such information to inform planning and ongoing quality improvement is the foundation for program activities.

Access to services is provided through a 24-hour a day, 7-day per week, telephone access program. This program received over 80,000 calls during fiscal year 2006. The number of calls to the Access program has been steadily increasing. The Access program is able to make community referrals, schedule appointments for evaluation of service eligibility, dispatch crisis mobile outreach workers, and access 911 emergency services.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The AMHD monitors state-operated services and contracts with purchase-of-service (POS) providers of specialized services. Informed self-directed recovery focusing on the needs, strengths, and desires of people served is the foundation on which mental health services are provided.

Service Area Administrators in each county are responsible for coordination and integration of care. Additionally, they monitor access to appropriate care and incorporate service evaluation and quality improvement processes when working with county-level advisory boards to develop annual county service plans.

Core services in each county include crisis response and affiliated services, case management and affiliated services, a continuum of housing services, treatment services, and psychosocial rehabilitation services. In each of these core areas, AMHD Service Directors (i.e., content experts) work across counties, in cooperation with county Service Area Administrators, and staff from Utilization Management, Performance Improvement, and Evaluation to assure the provision of accessible, appropriate, and quality care.

National standards and evidence-based practices are the foundation for state-operated and funded services and technical assistance and technology transfer are provided by the AMHD. In addition to services in the five core areas referenced above, the AMHD Service Directors provide input in forensic mental health, cultural competency, and special populations (i.e., youth-to-adult transition, older adults, dual diagnosis, etc.)

In the upcoming fiscal year, AMHD will, in part, continue to focus on the management of high cost services through additional efficiencies in utilization management, maximization of federal revenue through further development of billing capacity and management of the Medicaid Rehabilitation Option (MRO), the development of specialized long-term care programs for older adults with special needs (i.e., the development of intermediate care facility (ICF) level of care programs through specialized expanded adult residential care homes), and by increasing the response capacity of the Access program.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

The AMHD continued to operate under a memorandum of agreement (MOA) with the Med-Quest Division of the Department of Human Services (DHS) to administratively manage a modification of the Hawaii Medicaid State Plan allowing the development of a MRO. The MRO allows the State to obtain partial reimbursement for previously unfunded community-based mental health rehabilitation services. The continued development and administration of the MRO will allow the AMHD to continue to obtain federal funds, but at a lower level than enabled by the initial approval and back-billing.

B. Explanation of How Results Relate to Program's Objectives and the Department's Mission

The essential public health services of the AMHD include:

1. Monitoring health status to identify community health problems.

   a. The AMHD monitors national prevalence rates of mental illness and prepares and updates census-based epidemiological reports estimating the expected rates of mental illness in counties in Hawaii through its Mental Health Services Research, Evaluation, and Training program. County level Service Area Administrators, Service Area Boards, and the statewide Access program use this baseline data to report and monitor variances to expected rates.

b. Within the AMHD system of mental health care, health status is regularly monitored through quality of life interviews, self-report surveys, and analysis of key indicators such as housing status, employment, and contact with the criminal justice system. Additionally, the AMHD monitors significant health events through its performance management, risk management, and quality management monitoring systems.

2. Diagnosing and investigating health problems and health hazards in the community.

The AMHD diagnoses and investigates problems and health hazards in the community through an active complaints and grievances process spearheaded by the AMHD Consumer Affairs staff in conjunction with the Performance Improvement staff. Contractual services are regularly monitored by Service Directors, Performance Improvement staff, Utilization Management staff, and the Services Research and Evaluation staff. In addition, Planning and Compliance staff serve as an oversight mechanism.

3. Informing, educating, and empowering people about health issues.

a. The AMHD informs, educates and empowers people about health issues through a number of avenues. The *AMHD News* is a monthly newsletter that discusses mental health issues in Hawaii. In addition, the AMHD sponsors an annual conference focusing on one or more evidence-based mental health practice.

b. Consumer Affairs staff and the Multicultural Services staff facilitate consumer empowerment through sponsored activities providing information and education in relevant areas. Monthly open forums are held by the AMHD Chief to provide information to mental health stakeholders about mental health in Hawaii.

4. Mobilizing community partnerships to identify and solve health problems.

The AMHD works with numerous community groups to identify and solve health problems including the AMHD provider network, the Hawaii Center for Evidence-Based Practice, and the University of Hawaii. Mental health advocates, family members of the mentally ill, and consumers of mental health services are particularly active partners who regularly provide input and solutions to health problems through participation on county level Service Area Boards, the State Council on Mental Health, and the HSH Advisory Board. In addition, Consumer Affairs staff, Provider Relations staff, and county level Service Area Administrators are responsible for working with partners to identify and solve problems.

5. Developing policies and plans that support individual and community health efforts.

a. A comprehensive community-based planning process involving Service Directors, Service Area Administrators, Service Area Boards, Planning staff, and the State Council on Mental Health contribute to the development of policies and plans supporting community mental health.

b. The AMHD hosts an oversight management group, the Executive Team, which is responsible for supervising the development of policies and procedures within the AMHD system of care.

6. Enforcing laws and regulations that protect health and ensure safety.

   a. Laws and regulations that protect health and ensure safety are enforced through Compliance staff working in cooperation with the Performance Improvement/Risk Management staff and with the authority of the AMHD Medical Director and AMHD Chief.

   b. In addition, relevant parts of the AMHD system of care (e.g., special treatment facilities and licensed residential crisis facilities) are required to be regularly monitored and licensed.

   c. AMHD regularly conducts contract monitoring visits to ensure that the provision of services is appropriate for the protection and promotion of the health of the people of the State of Hawaii

7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable.

   The AMHD Access program is a 24 hour per day, 7 day per week telephone crisis and referral service that provides mental health information to the community and links callers to appropriate agencies where they can obtain the services they need. The program also can authorize the use of crisis mobile outreach services and schedule appointments at state-operated community mental health centers.

8. Assuring a competent public health and personal health care workforce; Ensure the availability of qualified professionals to deliver treatment services so that access to treatment is improved.

   a. The AMHD assures a competent public mental health and personal health care workforce through strong training linkages with the University of Hawaii and internal programs of professional development and training. For over a decade, the AMHD has contracted with programs in psychiatry, psychiatric nursing, psychology, and social work to provide specialized training in mental health and to provide continuing education opportunities for staff.

   b. The Hawaii Center for Evidence Based Practice is a consortium of professionals from the AMHD and university programs charged, among other things, with: 1) Professional development and

training, i.e., working with staff from the AMHD, provider agencies, family members, and mental health consumers to develop training curriculum specific to evidence-based practices; and 2) Workforce development; i.e., the development of structured and integrated curricula to inform the future workforce in areas of public mental health systems of care, policy, and to develop continuing education opportunities for working professionals.

9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.

   a. Within the AMHD, the effectiveness, accessibility, and quality of health services are evaluated through multiple mechanisms. The Services Research, Evaluation and Reports staff is responsible for the regular evaluation of services including the annual administration of a consumer survey reporting on consumer experiences with regard to accessibility, quality, and the outcomes of services. In addition, county level Service Area Boards serve as local forums charged with evaluating the adequacy of population-based health services.

   b. The AMHD also provides internal programs of performance management, risk management, and the tracking and resolution of complaints and grievances through Consumer Affairs staff and Performance Improvement staff.

10. Undertaking research for new insights and innovative solutions to health problems.

    The AMHD has a close collaborative relationship with the University of Hawaii facilitating research into new and innovated health care practices. The Mental Health Services Research, Evaluation, and Training program is a contracted program with the AMHD. The program, through the University of Hawaii, College of Social Sciences, Social Sciences Research Institute, provides core research and evaluation services including grant development. This and other University collaboration programs in psychiatry, nursing, and social work provide the AMHD with clear access to students and faculty at the University of Hawaii. These individuals work closely with AMHD staff in the Hawaii Center for Evidence-Based Practices which is charged, in part, with: 1) the identification of emerging evidence-based practices and evaluation of emerging services research protocols and outcomes; and 2) the active pursuit of funding from Federal sources and from foundations in areas related to the development and evaluation of evidence-based practices, mental health services research and evaluation, training, and other areas related to public mental health systems of care.

C. Explanation of How Program's Effectiveness is Measured and Results

The AMHD maintains and contributes performance results required by the federal government as a condition of the Community Mental Health Services

Block Grant. This consists of providing an annual comprehensive report of 20 tables of data entitled the "Uniform Reporting System" (URS) and a set of National Outcome Measures (NOMS) which reflects improvement in consumer ability in meaningful life areas such as employment, housing, and interactions with the criminal justice data system. Data from FY 2007 is available in the FY 2007 – State Implementation Report. Additionally, the AMHD monitors significant health events through its performance improvement, risk management, and quality management monitoring systems.

The AMHD also contracts with a Consumer Assessment Team to provide peer-to-peer data collection on satisfaction with services and other areas. The Consumer Assessment Team is supervised and trained by the University of Hawaii's Mental Health Services Research, Evaluation, and Training Program.

D. Discussion of Actions Taken to Improve Performance Results

Major changes made to increase the efficiency and effectiveness of the program include:

1. Further development of a statewide utilization management (UM) process that reviews the services provided to each consumer served by AMHD including the Community Mental Health Centers and POS providers. The UM process determines:

    a. The appropriateness of the services being provided.

    b. The appropriateness of the length of time for services to be provided.

    c. The appropriateness of the setting in which the consumer is receiving services.

    d. Whether services are being funded in the least costly method for the State.

2. Further development of a statewide quality management (QM) process that reviews the quality of services provided. The QM process reviews and addresses:

    a. The compliance of AMHD operated and funded programs and services to policies, procedures, standards of treatment, evidence-based practices, and models of care and treatment identified by the AMHD.

    b. Serious incidents that occur to consumers and program personnel and monitors corrective action.

    e. The compliance of AMHD operated and funded programs and services to accreditation and certification standards and requirements identified by the AMHD.

3. Commitment to, and implementation of, evidence-based practices (EBPs) fidelity monitoring, and evaluation of services in ways that are meaningful to consumer recovery.

   a. EBPs are interventions supported by consistent scientific evidence showing that they improve outcomes in the lives of adults with severe and persistent mental illness. The AMHD is presently implementing the following six EBPs:
      - Assertive community treatment (ACT)
      - Family psycho-education
      - Illness management and self-directed recovery
      - Integrated dual diagnosis treatment (for individuals who abuse substances)
      - Standardized medication algorithms
      - Supported employment

   b. Research on the implementation of EBPs shows the importance of programs adhering to key elements or "critical ingredients" of EBPs (i.e., maintaining "fidelity" to EBP models) in order to assure the outcomes shown by the scientific evidence. AMHD is conducting regular assessments of ACT program "fidelity" in order to ensure that ACT programs are being correctly implemented in Hawaii.

   c. The AMHD has identified important goals, objectives, and performance indicators to guide development of community-based care for adults with severe and persistent mental illness. Some of the more important commitments include:
      - Provide services that consumers find accessible.
      - Provide services that consumer find helpful.
      - Help any consumer who wants to work find competitive employment.
      - Help consumers to live as independently as they choose.
      - Decrease the involvement of consumers with the criminal justice system.
      - Decrease homelessness among adults with serious and persistent mental illness.
      - Provide services that consumers find appropriate.
      - Provide services that consumers find satisfying.
      - Help consumers find housing and live as independently as they choose.
      - Provide services in rural areas that consumers find accessible, helpful, appropriate, and satisfying.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

1. According to the 2000 U. S. Census, the older adult population (65+) in the state of Hawaii comprises 13.3% (160,601) of the total population (1,211,537). Data from the State of Hawaii, Executive Office on Aging reflect the national demographic trend in the aging population. The 60+ age group is expected to grow by 72% between 1990 and 2010, while the 85+ age group will grow by 286%. This is in stark contrast to the total population which will increase by only 29% during this same period. The most rapid rise is expected to occur between the years of 2010 and 2030, when the baby boom generation reaches age 65. By 2020, one in every four Hawaii residents will be 60 years of age and older and the projected growth rate for the 85+ population is 395%, which is the second fastest growth rate in the nation.

   The aging of Hawaii's population will significantly affect the AMHD in that older adults will be the most prevalent group of individuals with mental illness in Hawaii. Depression, suicide, prescription drug and alcohol abuse, and delirium are the most common mental illnesses of older adults. Older adults also have significant co-morbid physical illness complicating treatment and making it difficult for typical residential placements to occur. The AMHD needs to increase capacity in areas relating to planning and development of long-term care options for mentally ill older adults. Presently, some of AMHD's highest cost consumers are aging adults with co-morbid physical and mental illness. In the future, this group has the potential of requiring substantial financial resources.

2. There is a continued shortage of qualified staff to develop and maintain the infrastructure required to effectively and efficiently "tie" services together into a seamless system of care and to assure the appropriate use of limited resources. The shortage of qualified staff in rural areas has led to service access issues. This situation, to some extent, has been the result of the need to rapidly develop sections of the public mental health system as a response to federal court orders.

B. Program Change Recommendations to Remedy Problems

1. The AMHD has built an extensive array of services to meet the needs of Hawaii's population with severe and persistent mental illness. Much of this expansion was provided while under court oversight. Each month the AMHD schedules over 350 eligibility assessments with over 150 individuals found eligible each month. With this ongoing increase in the number of consumers needing services and the limited amount of funding for services, the AMHD has initiated numerous strategies to ensure we are practicing fiscal responsibility throughout our division.

   Among the strategies being implemented are:

a. Revising the diagnostic eligibility criteria to ensure resources are spent on individuals that have the most needs within our consumer population.

b. Developing diagnosis based services to ensure resources are being spent on those who need an indicated service most.

c. Instituting limits on the frequency and duration of services which will be tightly monitored by utilization review billing edits.

d. Ensuring all eligible consumers apply for MedQuest coverage and ensure that once coverage is obtained, it is maintained. This will allow for increased federal matching dollars through our MOA with DHS.

2. Continue to collaborate with the University of Hawaii to address workforce development, continuing education and to expand the training of current staff in evidence-based practices. Additionally, the University and the Hawaii Center for Evidence-Base Practice can contribute to implementing fidelity monitoring and collection of outcome data to assess program success.

3. Work with the University of Hawaii, School of Medicine, Department of Psychiatry on the provision of telepsychiatry services in rural areas.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies - None

IV. Projected Expenditures for FY 2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(66.50)			(66.50)	(66.50)
Personal Svcs.	7,564,305	77,089	-12,294	7,629,100	7,629,100
Current Exp.	3,876,447		12,294	3,888,741	3,888,741
Equipment	141,636			141,636	141,636
	(66.50)			(66.50)	(66.50)
TOTALS	11,582,388	77,089		11,659,477	11,659,477
Less:					
N - Federal Funds	3,694,999			3,694,999	3,694,999
(pos'n ct.)	(66.50)			(66.50)	(66.50)
General Fund	7,887,389	77,089		7,964,478	7,964,478

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program**

   a. Transfer of $468,130 in general funds from Other Current Expenses to Personal Services to fund all filled positions.

   b. Transfer of $480,424 in federal funds from Personal Services to Other Current Expenses to partially fund a University of Hawaii collaboration contract. This transfer allows for the purchase of specialty services that are unable to be provided by program staff.

2. **Explanation of transfers between Program IDs and Impact on the Program** - None

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	66.50		66.50
Personal Svcs.	7,564,305		7,564,305
Current Exp.	3,876,447		3,876,447
Equipment	137,636		137,636
	(66.50)		(66.50)
TOTALS	11,578,388		11,578,388
Less:			
N - Federal Funds	3,694,999		3,694,999
(pos'n ct.)	(66.50)		(66.50)
General Fund	7,883,389		7,883,389

Narrative - None

VI. Program Restrictions – None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 501 Developmental Disabilities

I. Introduction

A. Summary of Program Objectives

To support individuals with developmental disabilities, mental retardation, and/or neurotrauma to live a healthy, meaningful, productive and safe life in the community through the development, administration, provision, and monitoring of a comprehensive system of appropriate support services.

B. Description of Program Activities

The Developmental Disabilities Division (DDD) is the Department of Health's program responsible to develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system of supports and services for individuals with Developmental Disabilitiess (DD) within the limits of state or federal resources allocated or available for these purposes (Chapter 333F, HRS). The program is also responsible for providing available supports and services based on an individualized, person-centered plan resulting from individual choices and decision-making that allows for and respects individual control and self-determination. Key activities that the program continues to provide, but are not limited to:

- Intake – process of identifying/determining eligible individuals with DD as target group defined by Chapter 333F, HRS.
- Outreach – efforts to increase awareness within the community regarding target population and services available to assist the community to link and access appropriate services;
- Case Management – assessment, service planning, on-going service monitoring, coordination, and authorization of services funded by the program;
- Person-Centered Planning – flexible and dynamic planning process that focuses on the development of the individual's with DD which incorporates their dreams and goals, to create outcomes based plan of action that includes individual's, strengths, interests, preferences, and circle of supports who are committed to actualizing the plan;
- Assurance of health and safety of individuals with DD/MR;
- Evaluation and monitoring of individual outcomes per Individualized Service Plan (ISP);

- Transition Planning – for special education students aging out of Department of Education (DOE), and individuals transitioning out of Hawaii State Hospital;
- Training/education for individuals with DD their families/guardians, and community – part of an effort to increase informed participation and to support service providers to implement best practices to improve delivery of services;
- Support provision through contracting (purchase of services) – funding of individualized, flexible supports;
- Title XIX funded programs (ICF/MRc and Home & Community Based Services waiver for DD/MR) – means of maximizing State funds with federal participation programs for funding of supports and services to Medicaid eligible persons with DD/MR;
- Crisis Network – specialized case management combined with a service and support network designed to combine crisis response and outreach with prevention and training to improve the community capacity to respond to and prevent crisis situations for people with DD;
- Community Capacity Building – developing community linkages and promoting resource development to improve access to generic resources;
- Active participation in interdepartmental planning and collaboration;
- Continuation and expansion of quality assurance/improvement activities to support the Division's mission, vision, goals and activities to ensure cost effectiveness and accountability of its operations and individuals, families and caregivers satisfaction with services via the Division's "Core Indicator Project."
- Housing – certification and monitoring of Adult Foster homes and exploration of other residential options for individuals with DD including individual ownership opportunities;
- Employment – increasing employment outcomes for people with DD;
- Transition planning for special education students aging out of Department of Education (DOE).
- Involvement with Felix population to provide service planning to create supports for non-educational benefits, but necessary to meet DD individuals basic living needs;
- Current planning efforts include: New waivered service to further expand allowable services via waiver amendments, outcome-based monitoring, service provision through designated area agencies, and possible research to seek out system change grants to develop new support resources for developmentally disabled individuals.
- Ongoing efforts to carry forth mandates in Act 160, 2002, which includes Division representation at the neurotrauma advisory board; oversight of the neurotrauma special fund; implementation planning activities involving neurotrauma population.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

Maintaining and supplementing current funding levels to assure maintenance of program service mandates as well as provide means for building mandated infrastructure supports and compliance with federal and state regulations.

Present funding addresses key activities primarily through two funding streams: 1) State funded purchase of services and 2) the federal-state match Title XIX programs (ICF/MRc and Home & Community Based Services waiver program for the DD/MR HCBS-DD/MR). These two funding mechanisms are required for continued compliance with the Makin Settlement I and II (Hawaii Disability Rights Center, HDRC) and the Supreme Court Olmstead decision by making monies available to prevent wait-listing individuals for HCBS-DD/MR services, to prevent unnecessary institutionalization of individuals with Developmental Disabilities (DD), to ensure opportunities for community-based living, as well as to support appropriate services for those individuals in long term care facilities. The special fund via Act 160 has been used to support efforts towards the development of a comprehensive plan of approach to address the needs of persons with neurotrauma. Revenues for this special fund come from fines for specific traffic violations. These funds, along with the Traumatic Brain Injury federal grant, allow for the development of educational collaboration with the University of Hawaii to create a post-graduate program here in Hawaii to foster local resources and expertise for this population and a registry to track these individuals.

The DD program also intends to continue its efforts to maximize State -dollars as a means for cost savings. The program intends to continue to use available funds to assure individuals with DD receive quality services and supports to maximize their ability to lead self-determined lives. Additionally, the DD program address individuals' that do not qualify for Medicaid and require services and supports to remain in the community with general funded POS dollars.

Currently, the DDD is in the process of a Division-wide reorganization. The reorganization is being done to realign the organization from a former institutional model to a community-based model. There has also been three (3) significant events that have initiated this reorganization:

1) The Supreme Courts Olmstead decision that requires states to provide sufficient supports and services to prevent institutionalization and ensure that individuals with DD opportunities to live and participate and be a productive citizen within their own communities.
2) The rapid growth experienced in the H&CBS Waiver program (more than 500% increase in participants since 1995) and the need to continue to admit individuals without wait-listing. This increase has been managed

without a matching proportional increase in the amount of DDD staff. The intention of the reorganization is to maximize the efficiency of the existing personnel and its program operation.

3) The need to implement the quality framework requirement imposed by the Center for Medicaid/Medicare Services (CMS) as part of the State's renewal of their HCBS waiver programs. This quality framework is the federal government's effort to assure that appropriate, adequate, and quality services and supports are being provided to individuals with DD. By a well-informed and knowledgeable workforce resulting in measurable individual outcomes. Implementing this quality framework is part of a top to bottom program wide effort to gather key information on consumer access to supports, person-centered planning activities, service delivery, provider capacity and capabilities, consumer safeguards, adherence of consumer rights and responsibilities, consumer outcomes and satisfaction, and overall system performance. These findings will drive performance improvement, staff training, and system changes.

In addition, the DDD is implementing and developing activities related to national best practices in the areas of self-determination and self-directed services, self- advocacy, individualized budgeting, housing options, and employment outcomes.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FYs 2007

The program's performance measures continue to be reflective of the program's effort to adhere to the changes imposed by Chapter 333F. The performance measures no longer address direct services activities, but rather focus on system performance and quality improvement. The mandates of self-determination (Act 133, 1998) resulted in the dramatic shift in the delivery of program's case management service. Emphasis is now on assuring implementation of person-centered planning and adherence to "allow consumers to direct the expenditure of identified funds" (Act 133, 1998). The DDD's Case Management and Information Services Branch have completed a reorganization to establish an operational structure aligned with these changes.

The Division continues to modify the Home & Community Based Waiver Services and its purchase of services structure to be more flexible to allow for emphasis and on individual control and outcomes. The Consumer Directed Personal Assistance service has increased 1000% in consumer participation since its initial year of implementation in 2006.

The DDD continues to work to develop and refine a method to attain reliable data demonstrating significant improvement in quality of life factors for

individuals with DD, including being not only physically housed within the community but also being a participating and contributing integrated member of the community. The DDD has made continual progress in this area and is entering its sixth year of participating in the "Core Indicator Project" (a tool supported by the National Association of State Directors of Developmental Disabilities Services). In addition, work continues on the development of the quality framework, including utilization review and management and tracking of adverse event reports.

The development of the Crisis Network has identified a framework for crisis response in the absence of a state run institution along with a process to build the capacity of the community to support people with developmental disabilities through crisis management as well as crisis prevention training and strategies. The development of a Clinical Interdisciplinary Team has improved access to health and behavioral supports and improved consistency in eligibility determination.

Also significant is the DDD achieving substantial compliance with the terms of the Makin II Settlement Agreement resulting in the ending of HDRC monitoring.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The mission of the Developmental Disabilities Division (DDD) is to a state system of supports and services for persons with developmental disabilities (DD), which includes principles of self-determination and incorporates individualized funding, person-centered planning, and community services.

The program's efforts and results support the Division's mission by addressing the system level needs of its at-risk target population through administering, developing, coordinating, monitoring, and evaluating services to meet the highly individualized needs of individuals with DD. The program's directives are to ensure individual's health and well-being are addressed using person-centered planning principles and timely accessing of appropriate supports is available in a manner that represent the least departure from normal patterns of living. The program's efforts are increasingly critical, as the population size is growing and there are few safety net services are available for its target population. In addition, best practices and national trends continue to raise the expected standard of living for this vulnerable population.

C. Explanation of How Program's Effectiveness is Measured and Results

The program's effectiveness is measured using multiple approaches:

1. Measures of effectiveness/variance report;

2. Personal outcome measures to evaluate an individual's quality of life and individual satisfaction outcomes as a result of person-centered planning efforts and the timely access of supports; and,
3. DDD's Five Year Plan as a tool to measure program progress in several major areas including maximizing funds, self-determination, housing, employment, and quality assurance.

The program has had significant changes in its focus as a result of the statutory changes in Chapter 333F. Past results of the program's efforts are indicative of the program's ability to implement its directive. Results from the past two years show the DDD's ability to manage growth, implement HCBS waiver changes, eliminate the HCBS waiting list, and continue to increase the capacity of community providers and the ability to support individuals with DD/ID including those with complex behavioral and clinical support needs in the community.

D. Discussion of Actions Taken to Improve Performance Results

To continue implementation of its mandates and to meet the program's objectives, the program has embarked on a series of reorganizations. This organizational restructuring has occurred with the abolishing of the Waimano Training School and Hospital (WTSH), the creation of the DDSB, and the restructuring of the CMISB. The current phase is a major reorganization of the Division that will:

Realign DD-Admin, CMISB and DDSB, consolidate and centralize identified Division support functions, case management functions and quality assurance/improvement functions. This reorganization will enable the Division to address the complex and expanding nature of services and supports necessary to meet federal and state statutory and Settlement mandates.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

The program continues to address provider capacity and community building including residential alternatives, adequate source and access of various services supports across all islands, and crisis response and prevention. These are critical as the program moves toward providing and assuring that person-centered and self- determined approaches are effectively delivered to all eligible individuals with DD in ways that maximize individual control over life decisions.

The development of a comprehensive system wide quality assurance system that links data driven findings with quality improvement strategies is an ongoing challenge. These are necessary to maintain a sense of integrity and assurance that the program is continually responsive to those we serve and the environment in which we operate.

The program also continues to collaborate with the DHS to stabilize Medicaid billing interface and improve payment and billing processes.

B. Program Change Recommendations to Remedy Problems

The completion of the major Division-wide reorganization will establish dedicated staffing and resources to address system development and the ability to respond to environmental changes, best practices, and federal and state policy. The DDD expands into a comprehensive community managed system from the former institutional model. In addition, the creation of staffing and resources to integrate the Division's quality assurance and quality improvement efforts will improve the effectiveness of these activities. Shifting these responsibilities away from the staffing responsible for case management will improve their ability to focus on the complexities of case management in a community-based system. The implementation of this reorganization will require personnel changes in class. The positions identified for change are within the Divisions current authorized personnel ceiling levels.

The Division continues to work with DHS to develop a quality assurance process, to track and provide outcome benchmarks that the case management system can be compared against year to year to identify and isolate areas of improvement. In addition, the Division is also working with DHS to develop policies and procedures to implement and stabilize the DOH billing interface to assure and improve the timeliness of Medicaid payments to HCBS providers. Under Medicaid rules Agency providers are allowed to bill 12 months after dates of service. Additional funds are requested to offset previous year expenses.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

See comments in III A/B above.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count) Personal Services	(239.75) 11,336,080	510,660	-650,000	(239.75) 11,196,740	(239.75) 11,196,740
Other Current Expenses	116,362,609		650,000	117,012,609	117,012,609
Equipment	21,300			21,300	21,300
TOTALS	(239.75) 127,719,989	510,660	-	(239.75) 128,230,649	(239.75) 128,230,649
Less:					
(pos'n ct.) B—Special Fund	(3.00) 1,025,331	9,503		(3.00) 1,034,834	(3.00) 1,034,834
(pos'n ct.) U—Interdept'l Transfer	60,118,132			60,118,132	60,118,132
(pos'n ct.) A–General Fund	(236.75) 66,576,526	501,157		(236.75) 67,077,683	(236.75) 67,077,683

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program**
   The transfer of 650,000 in general funds from Personal Services to Other Current Expenses is in anticipation of programmatic and Medicaid waiver services requirements.

2. **Explanation of transfers between Program IDs and Impact on the Program** - None

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(239.75)		(239.75)
Personal Services	11,336,080		11,336,080
Other Current Expenses	122,759,262	2,883,877	125,643,139
Equipment	21,300		21,300
TOTALS	(239.75)		(239.75)
	134,116,642	2,883,877	137,000,519
Less:			
(pos'n ct.)			
B—Special Fund	(3.00)		(3.00)
	1,025,331		1,025,331
(pos'n ct.)			
U—Interdept'l Transfer	63,799,406	465,370	64,264,776
(pos'n ct.)	(236.75)		(236.75)
A–General Fund	69,291,905	2,418,507	71,710,412

A. Funding for the Home & Community-Based Waiver Services Program (HCBS) (Item #4)

1. Description of the Request

Additional Title XIX matching funds are needed for the H & CBS Program for unanticipated prior year expenses charged against current fiscal year. The delayed billing occurred because under the federal CFR 42, eligible Medicaid providers are allowed to bill up to 12 months after the date of services. Adjustment is made for the U-fund ceiling in anticipation of this request.

2. Listing of Positions and Cost Categories

	FY 2009
Other Current Expenses	2,883,877
	1,224,206 A
	1,659,671 U

B. Additional General Fund Match for the HCBS Program Due to change in Federal Match (Item #4a)

1. Description of the Request

Additional general funds are needed due to the unanticipated reduction in the federal matching assistance percentage (FMAP) in the H & CBS Program. Effective 10/1/2007, the federal matching percentage was reduced from 57.55% to 56.50% or a -1.05% decrease. The additional general funds are needed to maintain the current level of services. Adjustment is made for the U-fund ceiling in anticipation of this request.

2. Listing of Positions and Costs Categories

	FY 2009
Other Current Expenses	0
	1,194,301 A
	- 1,194,301 U

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 590 Tobacco Settlement

I. Introduction

A. Summary of Program Objectives

To ensure that people in Hawaii have healthy beginnings in early childhood, healthy growth and development through childhood, and healthy adult lifestyles based on good nutrition, regular physical activity, and freedom from tobacco use.

B. Description of Program Activities

The Tobacco Settlement Project/Healthy Hawaii Initiative (TSP/HHI) has a comprehensive and integrated framework to lead in the three risk areas of nutrition, physical activity and tobacco use for the prevention of chronic disease and health promotion. The TSP/HHI coordinates across the department and collaborates with other governmental agencies and non-governmental agencies. The TSP/HHI is organized by into four major strategies: (1) public awareness and professional education; (2) school-based health activities; (3) community-based programs; (4) planning, evaluation and data collection.

Below are the program activities and the corresponding objectives:

FY 08	FY 09	Objectives by FY and Program Activities
2	3	Social marketing campaigns to be conducted
125	300	Nutrition/Physical activity coalition members
10	12	Communities conducting policy/environmental/systems changes
600	1,500	People trained in nutrition education
500	600	Teachers trained in standards based Health Education and PE
80	80	Med residents/physicians trained in obesity prevention/ intervention
8	10	Surveillance data sets in Hawaii Health Data Warehouse (HHDW)
200	250	Standard reports and reporting templates in HHDW
50	50	Departmental users trained and using HHDW
4	4	Information governance for HHDW is established

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

Starting in 2008, the revenue projection of the Tobacco Settlement Special Fund is expected to remain at an increased level for ten years based on the Master Settlement Agreement. The requested and was approved to increase the TSSF ceiling and add three additional new positions and is using this to meet its objectives. The program proposes to work through other agencies private and public through partnerships and

competitive purchase of service contracts to increase environmental, policy and systems changes to promote physical activity and healthy eating behaviors.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

The TSP/HHI provided public education through two new social marketing campaigns; executed and implemented a contract to develop the state Physical Activity and Nutrition Coalition (PAN); conducted pre-PAN Summit workshops through contracts with developers and five Hawaii County community groups on the built environment to promote physical activity, providing technical assistance to Hawaii County planning department for community design planning; assessed county level policies for the built environment that support physical activity opportunities; implemented two new grocery store projects – one statewide fruit and vegetable marketing campaign with Foodland and one Hawaii County KTA fruit and vegetable nutrition education campaign; funded and partnered to implement teacher education conferences in physical education and health education; developed a successful partnership which established a new school wellness policy to strengthen policies and practices that impact nutrition and physical activity opportunities for children in schools; contracted with University of Hawaii John A. Burns School of Medicine (UH JABSOM) to establish a pediatric obesity prevention curriculum for medical school residents and to provide training for physicians in the field; updated 7 data sets in the HHDW, released new publicly accessible HHDW website with new automated reports, and had a press event and training to promote utilization of the new website; established the Science and Research Group Advisory Workgroup which in turn identified priority areas for information governance development.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The activities of the TSP/HHI support the mission of the department to impact the health of the public and to address health disparities by trying to maximize impact through policy, environmental and systems level changes to reach as broad a population as possible as follows:

- The new social marketing campaigns increased public awareness of how to meet the national physical activity recommendations by integrating activity into the day through print, paid media, earned media and encouraging walking groups, and the fruit and vegetable social marketing campaign demonstrated how to increase the consumption of fruits and vegetables and worked with grocery stores that provided sales, farmers' markets, promotional activities and increased store signage.
- Pre-PAN Summit workshops engaged communities to assess, identify and prioritize environmental design changes that would promote increased physical activity and healthy eating.
- Statewide assessment of county policies informs planning and partnership opportunities where intervention is most needed and would also be more readily received and adopted.
- Grocery store interventions increased nutrition education opportunities for the public where they shop.

- The Department also partnered with the Department of Human Services to use the grocery store messages in a direct mail campaign to reach the food stamp eligible population. The message was designed based on responses from key respondents from participants who indicated that major barriers to increased fruit and vegetable consumption were taste, convenience and accessibility.
- Successful adoption of the school wellness policy helps meet the program and department's mission to increase healthy eating and physical activity to improve health outcomes. The four year rollout of this state policy has the potential of reaching every student through by changing the school environment and experience.
- The continued upgrades to the HHDW and new access for the public is also part of the HHI strategy of increasing the knowledge and engagement of community agencies to promote healthy lifestyles.

C. Explanation of How Program's Effectiveness is Measured and Results

The performance of the program is measured through output and outcome measures. The output is based on exposure, participation and products that are delivered. The outcome measures by objectives show:

1. Combined adult obesity and overweight data was one of the lowest in the nation, at 56%, 2006 Behavioral Risk Factors Surveillance Study (BRFSS), a slight increase from the 2005 combined rate of 53%, but overall, the trend may be stabilizing and not rapidly climbing.

2. Physical activity rates of adults meeting national recommendations was 52%, 2005 BRFSS, which is a slightly significant increase from 2003. (2006 data not available)

3. Fruit and vegetable consumption of five or more servings per day was 24%, 2005 BRFSS, an increase from the previous measure in 2002 of 20%. (2006 data not available)

4. Leisure time exercise and physical activity was 81% in 2006 BRFSS and remained significantly stable from 2003. National goal is 80%.

5. Youth at risk for overweight was 14%, 2005 High School Youth Risk Behavior Surveillance Study (YRBSS) and 2003. Youth overweight in 2005 and 2003 was 13%. (Survey conducted biannually)

6. Physical activity by youth measures have changed. Per current national recommendations 30% in 2005 met the recommendations of 60 minutes of physical activity five days or more for past 7 days, by the previous recommendations, 64% met the recommendations and 63% in 2003, YRBSS. (Survey conducted biannually)

Output measures by program areas show:

1. FY07 output measures and evaluation is not yet available. The data is still being analyzed for all earned media and paid media to determine the percentage of the population that reported being aware of the campaign message, change in knowledge, and change in behavior.

2. The project is also waiting data from FY07 on number of students reached through the statewide partnership with the Hawaii Theater for Youth. The play, "Maui and Hercules" included a "playlet" that promoted fruit and vegetable consumption and a poetry contest.

3. The state physical activity and nutrition coalition contract was executed and a new director was hired to establish the state and neighbor island coalitions.

4. The state Physical Activity and Nutrition (PAN) Plan was completed in FY 07 and rollout planned in FY 08 to include planning participants and key state and community stakeholders.

5. The October 2007 PAN Summit committee was formed and pre-summit workshops conducted in March 2007 and another in August 2007. The March 2007 workshops reached over 100 people in Hawaii County through five community level built environment assessments with recommendations to prioritize how to design or retro-fit community designs that support physically active lifestyles. The August 2007 workshop reached developers and planners and provide consultation again to Hawaii County planners for roadway and community designs.

6. Over 500 health education and physical education teachers received training. The program continues to achieve performance output for school health through in-service training of classroom teachers through workshops and conferences for professional development. Graduate level courses are subsidized by the project in a partnership with the University of Hawaii's College of Education and the Outreach College to reach in-service and pre-service teachers with graduate level courses in health education and physical education. Educational opportunities are in planning for school food service workers to increase their knowledge of nutrition and to change food service practices.

7. Over 100 new reports were created and placed into the publicly accessible HHDW website.

D. Discussion of Actions Taken to Improve Performance Results

The program continued to reorganized assignments between staff to more effectively meet timely delivery of performance results. Staff are participating in state procurement trainings to improve their skills in "Request for Procurement" (RFP) development, contract negotiations and to comply with state procurement rules. The Science and Research Group was successfully established in the program to provide epidemiological and technical support. The program successfully applied for the interagency placement of a Centers for Disease Control and Prevention (CDC) Program Specialist. The Specialist has been instrumental in completing the state PAN plan and supporting the establishment of the state and neighbor island PAN coalitions.

E. Identification of all Modifications to the Program's Performance Measures and Discussion of Rationale for These Modifications

The program's performance measures were aligned with the national Healthy People (HP) 2010 objectives and realistic measures of change were established for the

biennium by each of the major outcome indicators listed above. Leisure time for exercise and physical activity was adjusted to create a new state reach goal since the national HP 2010 goal had been reached per the 2005 CDC Behavioral Risk Factor Surveillance System (BRFSS). Further adjustments will be done in FY 08 to Hawaii 2020 goals that set realistic stretch goals that reflect state trends.

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

The program relies on the BRFSS, a CDC study that is conducted annually in Hawaii through the department. The instrument provided by the CDC did not include the physical activity and nutrition modules in 2006. The Science and Research Group in the program will be conducting a BRFSS workgroup to standardize questions that the department relies on for annual benchmarks to avoid the gaps in yearly indicators.

The new RFP for community interventions did not attract the eight to ten qualified and best price offerers as anticipated. The proposals received demonstrated a lack of understanding of the social ecological model that the program relies on to create sustainable and comprehensive changes that support physical activity and healthy eating behaviors.

The program was also ambitious in staging two social marketing campaigns in one year. The execution of the marketing campaigns included the production of the messages, cultivating earned media, and planning community level activities, systems, policies and environmental changes that supported physical activity and nutrition promotion. The timing stretched human resources and more planning time is needed for each campaign.

B. Program Change Recommendations to Remedy Problems

The program is establishing the BRFSS workgroup internally to standardize the yearly surveillance questions to have reliable yearly indicators for program objectives.

The program is providing workshop opportunities to increase the community agency understanding of the social ecological model. Also, in the future the program is segmenting the RFP scope of services to better match the community level capacity to promote physical activity and healthy eating.

In the next fiscal year only one social marketing campaign is planned and more time is being provided for each programmatic section to coordinate activities and interventions with the media messages.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

The program has had difficulty with the timely execution of contracts. RFPs and contracts are being submitted at an earlier date in anticipation of delays in the review and approval process.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(26.00)			(26.00)	(26.00)
Personal Services	2,175,999	27,259		2,203,258	2,203,258
Other Current Expenses	55,071,267			55,071,267	55,071,267
TOTALS	57,247,266	27,259		57,247,266	57,247,266
Less:					
(pos'n count)	(26.00)			(26.00)	(26.00)
B–Special Fund	53,847,266	27,259		53,874,525	53,874,525
U–Interdept'l Transfer	3,400,000			3,400,000	3,400,000

B. Narrative

1. Explanation of transfers within the Program ID and Impact on the Program - None
2. Explanation of transfers between Program IDs and Impact on the Program - None
3. Explanation of Restrictions and the Impact on the Program - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(26.00)		(26.00)
Personal Services	2,175,999		2,175,999
Other Current Expenses	56,371,267		56,371,267
TOTALS	58,547,266		58,547,266
Less:			
(pos'n ct.)	(26.00)		(26.00)
B—Special Fund	53,847,266		53,847,266
U—Interdept'l Transfer	4,700,000		4,700,000

Narrative – None

VI. Program Restrictions – None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FB 2008-09

Program I.D. & Title: HTH 720 Health Care Assurance

I. Introduction

A. Summary of Program Objectives

To establish and enforce minimum standards to assure the health, welfare, and safety of people in health care facilities and services.

B. Description of Program Activities

This statewide program is responsible to conduct on-site inspections of home and community-based health care facilities and programs to determine compliance with State laws and regulations for state licensure. It is also responsible (to fulfill contractual requirements) to do inspections of these facilities and programs to determine compliance with Federal laws and regulations for voluntary participation in Medicare (Title XVIII) and Medicaid (Title XIX) reimbursement program. Facilities or programs which require State licensure by HRS include adult residential care homes (ARCH), special treatment facilities (STF), developmentally disabled domiciliary homes (DDDom), assisted living facilities (ALF), hospitals, nursing homes, home health agencies, freestanding outpatient surgical facilities (also referred to as ambulatory surgical centers), therapeutic living programs (TLP), intermediate care facilities for the mentally retarded (ICF/MR) residential facilities, freestanding adult day health centers and clinical laboratories. In addition to these, Federal programs also include end-stage renal disease facilities, comprehensive outpatient rehabilitation facilities, rural health clinics, portable x-ray programs, hospice, organ procurement organizations, outpatient physical therapy/speech pathology clinics, and all laboratory settings doing any testing of human specimens.

The Federal Minimum Data Set (MDS) Automation System provides a uniform data system for nursing home care activities which will also be used for billing. The Outcome and Assessment Information Set (OASIS) has been established to provide a uniform data system for care information and for billing for the home health agency program.

This program is also responsible to respond to any and all complaints involving these facilities and services as well as "unlicensed" settings and activities.

Since 1992, the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA), contract has included the survey and certification activities for American Samoa, Guam, and Saipan.

This program is responsible to promulgate and amend as appropriate any administrative rules relevant to health care facilities and programs/services.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The program will continue to apply the standards for State licensing and Federal survey and certification statewide and conduct timely and required survey activities. With the additional appropriations for operating costs for the State Licensing Section, the program will be able to conduct unannounced visits (as required by HRS, 821-15.6) to adult residential care homes, complaint investigations and necessary follow-up visits for facilities that currently have imposed sanctions on their licenses due to negative survey findings, as needed. Life safety/fire inspections will help to ensure that all facilities meet fire codes and life safety standards that assure patient/resident health and safety. Further, the program will be able to provide ongoing training and education of providers to be able to meet current health care standards and best practices established by federal mandates and accrediting bodies.

This program will continue to work cooperatively with other programs in the department which lend their expertise in program review/certification/provider certification of home and community-based settings that require licensure. Further restrictions will necessitate a serious review of mandatory annual licensure requirements.

II. Program Performance Results

A. Discuss the Performance Results Achieved in FY 2007.

The program has been able to make significant progress in meeting survey timelines this past fiscal year due to continued changes made in scheduling procedures and team assignments. Additionally the program continues to work with the Centers for Medicare & Medicaid Services Regional Office staff as well as states within the Western Consortium to identify best practices for: (1) recruitment/retention; (2) training for staff to meet all federal mandates and as a revenue savings measure hold training sessions on the West Coast; (3) data collection and management to evaluate performance of State Agency as well as providers; and (4) development of State initiatives in concert with CMS/Government Performance Results Act (GPRA) initiatives.

With the approval of Title 11 Chapter 100.1 Adult Residential Care Home (ARCH) regulations, training has been conducted statewide of all providers to update them of the new requirements. Through collaboration with the community colleges, the program has been able to update the ARCH modules training program for prospective licensees to meet current standards of care. Training has also been offered in the areas of: (1) prevention of resident abuse, neglect and exploitation; (2) prevention of pressure sores, (3) nutrition updates; (4) special diet training; (5) immunization training for flu and pneumococcal vaccination for residents and staff; and (6) reduction of use of physical restraints.

Cooperation and coordination with other program staff in responding to complaints through joint onsite visits helped to provide needed services with limited staff resources. This has worked well with both in-house Department of Health (DOH) and Department of Human Services (DHS) programs, e.g., Adult Intake and Protective Services.

Collaborative training efforts with private agencies and organizations and use of grant monies have also afforded the program the ability to provide necessary and critical training for providers.

The program executed a modified contract with the Department of Labor and Industrial Relations (DLIR) to extend for one additional year the Earmark Grant awarded by the U.S. Department of Labor (US DOL) for training of nurse aides and apprenticeship at various nursing facilities throughout the State.

B. Explanation of How Results Relate to Program's Objectives and the Department's Mission

The program continues to enforce the department's mission to protect and safeguard the health and safety of our people. Enforcement action was taken against employees in nursing facilities, as well as licensees upon confirmation of resident abuse/neglect.

C. Explanation of How Program's Effectiveness is Measured and Results

Both the State licensing and Federal survey and certification programs are measured according to issuance of license and Federal certification based on satisfactory compliance by providers of care in meeting established standards of safety and quality of care. Positive results are demonstrated by the minimal number of terminations of licensure and/or certification by the State in both the Federal program and the State license program.

The CMS provides ongoing monitoring and evaluation of the Medicare Section to determine compliance with all federal requirements. The section had previously experienced difficulty meeting all mandated surveys due to staff shortage and the recent national requirement that all surveyors complete additional provider training. However, the section has been able to be in compliance within the last fiscal year through the sustained and combined efforts of the limited staff.

There has been instituted an internal review component to determine compliance and adherence to requirements as set forth.

The State Licensing Section is responsible for the monitoring and State licensing of community based settings such as:

1. Adult Residential Care Homes (482), Special Treatment Facilities (29), Therapeutic Living Programs (15), Developmentally Disabled Domiciliary Homes (34), and Assisted Living Facilities (10).

2. There are currently 7 nurse consultants (1 vacant nurse consultant position), 2 public health nutritionists and 1 occupational therapist to conduct licensing and complaint investigations. Although the occupational therapist's primary responsibility is to conduct inspections for homes for the developmentally disabled, her expertise is being utilized in other facility types for accurate assessments of the developmentally disabled resident needs and care. Additionally, there are 2 unit supervisors who also conduct licensing and complaint investigations.

3. With the advent of Act 202, SLH 2003, the nurses are required to conduct annual unannounced visits to each adult residential care home. These visits have provided the program with the opportunity to see and talk with residents, identify areas of concern as relating to quality of resident care, provide counseling to providers and one to one training as needed.

4. There were approximately 45 complaints that required investigation which ranged from unlicensed settings, quality of care, resident rights, and life safety issues.

The Medicare Section is responsible for State Licensure and Federal Certification of facilities as per the 1864 Agreement with the CMS.

1. The facilities or programs which require State licensure by HRS include hospitals (29), nursing homes (50), home health agencies (23), freestanding outpatient surgical facilities [also referred to as ambulatory surgical centers] (13), ICF/MR residential facilities (18), freestanding adult day health centers (3) and clinical laboratories (816). In addition to these, Federal programs (which currently do not require State Licensure) also include end-stage renal disease facilities (28), outpatient rehabilitation agencies (6), rural health clinics (2), portable x-ray programs (2), organ procurement organizations (1), and hospice (12).

2. There are currently 12 surveyor positions (with four vacancies) to conduct all of the surveys and complaint investigations. Due to the federal requirements, a team of surveyors (ranging from two to five surveyors depending on the size of the facility) takes from three to four days to complete surveys. Further, surveyors are required by CMS to be certified and pass a minimum qualifying examination in order to conduct surveys of facilities.

3. The section received approximately 20 incidents/complaints per month from the various facilities which require investigation. Nurse Aides with substantiated findings of abuse and neglect of residents are placed on the registry and are also reported to the Office of the Inspector General with sanctions imposed.

Additional accomplishments:

1. An Earmark Grant was awarded to the program in the amount of $1.9 million through the DLIR to recruit and train individuals interested in becoming certified nurse aides. This is part of the department's initiative to increase the workforce of direct care givers to meet the demands of quality and competent staff to work in all venues of health care. We were successful in securing a 12 month no-cost extension from the U.S. Department of Labor.

2. An Immunization Program grant was awarded in the amount of $10.000 to conduct training of staff in Type II ARCH and nursing facilities throughout the State to develop staff awareness on the need to be immunized to prevent exposure of residents to the flu virus.

D. Discussion of Actions Taken to Improve Performance Results

The department has been working diligently on promulgating and amending administrative rules which are sorely outdated. The majority of the rules were initially

promulgated in the late 1980's and due to the lack of dedicated staff to consistently work on amendment and/or promulgation of rules, this effort has been very challenging as all of the program efforts are directed to dealing with licensure efforts and meeting mandated requirements. However, Title 11 Chapter 100.1 Adult Residential Care Homes Regulations was approved in September 2006. Staff provided training statewide to all providers/licensees to inform them of the changes and develop an awareness of the need for compliance for assurance of quality care.

Through collaboration with private entities, as well as utilization of small grants from programs within the department, the nurse trainer position has been able to provide training on a small scale to providers to ensure quality care of residents. Evaluations of sessions completed determined that attendees felt that the sessions have heightened their awareness and will use measures learned during their daily care provision.

The Medicare section has been working with CMS and the Western Consortium states to look at best practices, consistency within the west, as well as identify challenges being faced and work on an action plan for improvement.

The program continues to meet challenges to investigate all complaints. With staff schedules being developed for inspections/surveys and staff conducting these scheduled inspections/surveys out of the office during the workday, the ability to address incoming complaints and timely investigations becomes a difficult task.

E. Identification of all Modifications to the Program's Performance Measures and Discussion of Rationale for These Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered by Program

Our community/State is hard pressed to look at the high cost of long-term care. As a consequence, focus is on current home and community-based providers of care as it has existed over the years. Options to the traditional institution-based care (nursing homes) continue to be in the fore front. This program has been actively involved with the community (both consumers and providers of care), and the Legislative Committees charged with the challenge of working with these long term care issues. The DOH, through this program, must continue to pursue this role to assure health and safety considerations as alternative options for community based care are offered and reviewed. Coupled with this challenge is to ensure that providers are knowledgeable and competent to meet resident care needs. As residents age, we have identified that long-standing providers lack many of the skill sets needed to meet the new challenges that aging residents bring with them. The program is working with providers to develop their assessment and critical thinking skills which are critical to assure ongoing quality care. The challenge that the program is faced with is the balance between taking enforcement action against providers who have been determined to have abused/neglected residents, or determining whether the setting is salvageable with ongoing monitoring, evaluation and training.

Of concern are the limited funds available to support the program's increasing operational costs, e.g. neighbor island travel, office supplies, mileage, up-to-date

computer technology, etc. due to the increasing demands placed on the program. We recognize the need to increase travel to neighbor islands and to be readily available to provider needs and community requests, however, this must be balanced against available resources. The providers and the community at large continue to ask for accessible website data and licensure information for all State licensed community based settings. However, as the program revenues are dedicated solely to licensure activities there are no revenues dedicated to information technology resources.

B. Program Change Recommendations to Remedy Problems

Act 090, SLH 2007, allows for the use of revenues to offset operating expenses. The fees collected will also enable the program to provide ongoing provider training to ensure compliance with all applicable regulations and national standards of care.

Ongoing collaboration with private entities, department programs, and seeking of grants for the creation of training opportunities for providers is critical. Further, with the establishment of two additional positions (PH Educator and Clerk) the training unit will be able to develop ongoing training programs, develop a quality improvement component for the program, and work consistently on rule amendment and promulgation.

C. Identification of Any Program Issues or Problems that have Affected or Will Affect the Implementation of the Program and Corrective Measures or Remedies Established or Planned

The program is committed to amend/repeal many of the current regulations for health care facilities, which include Chapter 98 Special Treatment Facilities; Chapter 92 Therapeutic Living Programs; Chapter 93 Broad Service Hospitals; Chapter 95 Freestanding Surgical Outpatient Facilities; Chapter 90 Assisted Living Facilities; Chapter 89 Developmental Disabilities Domiciliary Homes; and Chapter 97 Home Health Agencies. Providers are also requesting promulgation of rules for licensure of Hospice and Home Care Agencies. There is contemplation of continuing the contracting services of the retired staff to assist with the rule making process as there is currently no dedicated staff to work on the amendment/repeal of rules. We have made significant progress with our pending administrative rule changes this past year. We finalized Chapter 100.1, Clinical Laboratories and Laboratory Personnel, Chapter 104.1, Management and Disposal of Infectious Waste, and Chapter 79, Licensing of Dieticians.

IV. Projected Expenditures for FY 2008

A. Financial Data

	Act 213/07 Appr'n for FY 2007	C/B	Restriction Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(39.80)			(39.80)	(39.80)
Personal Svcs.	2,551,880	48,147		2,600,027	2,600,027
Other Current Expenses	1,902,056			1,902,056	1,902,056
	(39.80)			(39.80)	(39.80)
TOTALS	4,453,936	48,147		4,502,083	4,502,083
Less:					
B - Special Fund	406,000			406,000	406,000
	(18.10)			(18.10)	(18.10)
N - Federal Fund	1,583,243			1,583,243	1,583,243
U - Interdept Transfer	903,403			903,403	903,403
(pos'n ct.)	(21.70)			(21.70)	(21.70)
A - General Fund	1,561,290	48,147		1,609,437	1,609,437

B. Narrative

1. **Explanation of transfers within the Program ID-** None

2. **Explanation of transfers between Program IDs** – None

3. **Explanation of restrictions** – None

IV. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirements
(pos'n count)	(39.80)		(39.80)
Personal Services	2,574,163	6,615	2,580,778
Other Current Expenses	1,882,656	-10,216	1,872,440
	(39.80)		(39.80)
TOTALS	4,456,819	-3,601	4,453,218
Less:			
B - Special Fund	406,000		406,000
	(18.10)		(18.10)
N - Federal Fund	1,592,611	39,613	1,632,224
U- Interdept Transfer	903,403	-43,214	860,189
(pos'n ct.)	(21.70)		(21.70)
A - General Fund	1,554,805		1,554,805

A. **Change in the Means of Financing of a Public Health Administrative Officer (PHAO) V # 97607H (Item #21)**

1. **Description of Request**

This request is to change the means of financing of the temporary PHAO V position budgeted in the Office of Health Care Assurance (OHCA). Currently 75% of the position is budgeted with interdepartmental transfer funds from the Department of Labor for a Nurses Aide training program and 25% from various federal funds. This change to 20% general funds and 80% federal funds will expand the use of this position to provide support to the various programs in OHCA. The general funds will be transferred from Other Current Expenses to Personal Services. The position would assist the OHCA with the budgetary and fiscal matters for its Licensing Section (surveys), Background Check section, Dietitian Licensing Program, Medicare Section (Surveys and Certification: Clinical Laboratory), and Project Planning Section.

2. **Listing of Positions and Cost Categories**

	FY2009
Personal Services	
PHAO V SR 24 (#97607H)	6,615
Other Current Expenses	-10,216
TOTAL	39,613N -43,214U

V. **Program Restrictions/Reductions** - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 760 – Health Status Monitoring

I. Introduction

A. Summary of Program Objectives

To collect, process, analyze and disseminate relevant, population-based data in a timely fashion in order to assess the health status of Hawaii's multi-ethnic population and to fulfill public health statistical/legal requirements.

B. Description of Program Activities

(1) Operate a statewide system of public health statistics including the collection, filing, amending and issuing of certified copies of certificates of birth, death, fetal death, and marriage and other related activities.

(2) Operate a health information registry system; secure data on all cases of cancer diagnosed or treated in the State from the Cancer Research Center; and coordinate the data collection activities by every program in the Department of Health (DOH).

(3) Conduct a statewide health surveillance program based on interviews conducted on a random sample of households, collecting demographic, socio-economic, illness, accident, disability and other data to assess the state of health in Hawaii. Currently OHSM conducts the Hawaii Health Survey.

(4) Prepare reports, tabulations and analyses on health status, health problems, delivery and utilization of health care, as well as other information necessary for analyses and interpretation of health trends and for forecasting health needs.

(5) Identify emerging trends in chronic diseases, environmental hazards causing illness and birth defects.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The program will continue efforts to transform its activities of collecting and processing vital events and other health surveillance data from the paper-based, manual system to an electric, automated or computerized system will help improve the ability to analyze and disseminate information in a comprehensive and timely fashion. This provides for more effective and current assessment of the population's health status and more efficient registration and recordation of the vital events occurring in the state. Workers' efforts will be further redirected from manually correcting and preserving paper records to implementing computerized data/statistical quality control and maintenance of electronic databases. This provides workers with more updated skills and reduces the need for expanded record storage facilities.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

The Office of Health Status Monitoring is statutorily mandated by Chapter 338, Hawaii Revised Statutes to register all vital events occurring statewide including births, deaths, and marriages, and issue certified copies of these vital records. During the previous two fiscal years, our vital statistics program registered over 60,000 vital events and collected approximately $1,900,000 in fees from the issuance of 303,000 certified copies. The office also conducted a statewide population-based health status survey that included over 6,000 households in Hawaii. The survey efficiency rate for the survey was 50 percent or better and yielded prevalence rates of major chronic diseases.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The U.S. Institute of Medicine's report on the Future of Public Health identified three main core functions of state department of health. These core functions are public health assessment, policy development and quality assurance. The core function most closely related to our program's objectives is public health assessment. Our program's objectives to collect, process, analyze, and disseminate public health statistics are essential components of public health assessment. In addition, the monitoring or health status to identify community health problems is the first among ten essential public health services identified by the Public Health Foundation of Washington, D.C.

C. Explanation of How Program's Effectiveness is Measured and Results

Program effectiveness is measured using the following metrics: (1) percent of certified copies of birth, death and marriage records issued with 10 days from date of request (85 percent); (2) Survey Efficiency Rate (50 percent) and (3) percent of research or statistical reports disseminated (80 percent).

D. Discussion of Actions Taken to Improve Performance Results

The program has taken the following actions to improve performance: (1) Developing web-based vital statistics systems; (2) exploring Internet surveying; and (3) assessing web-based dissemination software.

E. Identification of all Modifications to the Program's Performance Measures and Discussion of Rationale for These Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

The most critical problem is the lack of qualified staff to fill vacancies created by the retirement of an aging workforce and loss of staff to better paying jobs in the private sector. Thirteen (13) of our positions are temporary and the incumbents are always applying to permanent positions in state government or to higher paying positions in the private sector. Loss of experienced staff to retirement and the private sector impacts our office's ability to properly and adequately conduct the following activities:

(1) Effectively monitor the health status of Hawaii residents and actively develop public health the promote improvement in health rather than just react to health problems as they arise. The DOH requires the continuous collection, processing, analysis and dissemination of (1) accurately reported data by hospitals, mortuaries, marriage performers, and state courts on the vital events (births, deaths, and marriages) occurring in the state, (2) representative demographic and health data gathered from voluntarily provided survey responses, and (3) disease data provided by the Hawaii Cancer Research Center and other programs.

(1) Improve access to this system of data by public and private agencies and individuals outside of the DOH for their research, educational, and other program purposes.

(2) Issue vital records (birth, death, and marriage certificates) in a timely manner. Information derived from these records permit individuals to meet their private, non-public health needs in completing a vast array of personal, legal, and business transactions.

(3) Provide genealogical information for Native Hawaiians. This Office is the main source of official genealogical evidence used by individuals to establish eligibility for program benefits. The prospect of passage of the Native Hawaiian Recognition bill by the U.S. Congress could have great impact on OHSM if any and all individuals of Native Hawaiian ancestry apply at once for certified copies of birth, death, and marriage records to establish their genealogy.

B. Program Change Recommendations to Remedy Problems

The conversion of our temporary to permanent positions will help retain employees who we have trained on the job and in our recruitment efforts to attract qualified applicants to these positions. We are also utilizing information technology to automate many of our processes so our staff can concentrate on improving the quality of vital statistics information and meeting the ever-increasing demands of our customers who must provide certified copies of birth, death and marriage records for personal, legal and business transactions. The Department of Health is working with hospitals (births and deaths), marriage license agents and marriage officials and funeral directors and physicians to computerize the information they provide us. OHSM is working to strengthen relationships with these agencies/individuals involved in the collection of vital statistics so that this statewide system continues to function and serve the public's needs to obtain their vital records. The Department is also working to computerize all historical records. The Department is also working to computerize all historical records. In addition, OHSM is increasingly relying on population-based sample surveys to collect data to monitor the health status of residents. These scientifically designed sample surveys provide population-based estimated that are statistically representative of the prevalence of disease and health problems of the total population.

C. Identification of Any Program Issues or Problems and Corrective Measures/Remedies - See comments in Section III. A & B.

IV. Projected Expenditures for FY 2008

A. Financial Data

	Act 213/07 Appr'n for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(29.00)			(29.00)	(29.00)
Personal Svcs.	1,602,043	56,934		1,658,977	1,658,977
Other Current Expenses	944,547			944,547	944,547
Equipment	42,500			42,500	42,500
	(29.00)			(29.00)	(29.00)
TOTALS	2,589,090	56,934		2,646,024	2,646,024
Less:					
B - Special Fund	589,108			589,108	589,108
	(3.00)			(3.00)	(3.00)
N - Federal Fund	397,214			397,214	397,214
(pos'n ct.)	(26.00)			(26.00)	(26.00)
A - General Fund	1,602,768	56,934		1,659,702	1,659,702

B. Narrative

1. **Explanation of transfers within the Program ID** - None

2. **Explanation of transfers between Program IDs** - None

3. **Explanation of Restrictions** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(29.00)	(11.00)	(40.00)
Personal Services	1,610,472		1,610,472
Other Current Expenses	774,048		774,047
Equipment	15,000		15,500
	(29.00)	(11.00)	(40.00)
TOTALS	2,400,020		2,400,020
Less:			
B - Special Fund	400,037		400,037
(pos'n ct.)	(3.00)	(3.00)	(6.00)
N - Federal Fund	397,214		397,214
(pos'n ct.)	(26.00)	(8.00)	(34.00)
A - General Fund	1,602,768		1,602,768

A. Request to Convert Temporary Positions to Permanent (Item #18)

1. Description of Request

This request to convert 11 temporary positions to permanent will improve the recruitment and retention of OHSM staff to register all births, deaths, and marriages in the State and to provide certified copies for these vital events. Most of the temporary positions have been authorized for many years, with 1.5 going back to as far as 1979, 6.5 existing since the 1980's and 3 since 1999.

2. Listing of Positions and Cost Categories

	FY 2009
Personal Services	(8.00) 0 A
	(3.00) 0 N

Convert the following temporary general fund positions to permanent: 2.00 Clerk IVs (#38491 and #40498), 5.00 Clerk IIIs (#30559, #37492, #38492, #38494, #38976) and 2 - .50 FTE Clerk IIIs (#30560 and #38977). Also convert the following 3.00 federal fund temporary FTEs to permanent: Research Statistician III (#110102) and 2 Clerk IVs (#110103 and #110104)

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 907 General Administration

I. Introduction

A. Summary of Program Objectives

To enhance the effectiveness and efficiency of overall departmental functions by planning, formulating policies, directing operations and personnel, and by providing other administrative support.

B. Description of Program Activities

All of the activities are administrative in nature and involve development of departmental policy in short-and long-term program planning, overall management of personnel, physical, and financial resources as they relate to health and general support services to the various health programs.

Included in this program are the Office of the Director, Administrative Services Office, Human Resources Office, District Health Offices in the counties of Hawaii, Maui, and Kauai, Health Information Systems Office, Affirmative Action Office, and the Office of Planning, Policy and Program Development (OPPPD).

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The program intends to meet its objectives by continuing to provide administrative and policy direction and staff support to the department's direct service line programs.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FYs 2007

Staff office administrative support will be directed as needed to meet Department requirements.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The administrative activities of this program assist the direct service line programs in their mission to protect and promote the physical, psychological, and environmental health of the people of the State of Hawaii through the implementation of core public health functions.

C. Explanation of How Program's Effectiveness is Measured and Results

Since the activities of this program are administrative in nature, the effectiveness of this program can be measured by how well the program facilitates the fiscal, budgetary, human resources, planning, and data processing requirements of the department's public health programs.

D. Discussion of Actions Taken to Improve Performance Results

Departmental guidance and support is provided in various areas:

With the rapidly growing area of information technology (IT) and our reliance on information to make critical and timely decisions, the Health Information Systems Office continues to ensure that the Department's IT system is up to date, operating efficiently, and prepared to operate and respond in the event of an emergency and/or disaster.

The Facilities and Support Services is located under the Administrative Services Office and provides facilities management support to ensure that programs and offices in the department can operate and provide services with minimal disruption. Interior office renovations, communications support, relocating and reconfiguring offices are all part of the actions taken to improve performance and operating efficiency.

The HIPAA office continues to provide guidance, training, oversight, and monitoring functions to ensure that the Department's compliance with federal mandate under the Health Information Portability and Accountability Act.

This program assisted and facilitated numerous reorganization proposals that were necessary to reflect changes in the organization due to the loss of positions and departmental efforts to streamline operations.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

The program is charged with administering the overall direction and activities of the Department of Health. Major challenges and initiatives being managed by the program include: compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); maintaining oversight of the clients in appropriate community-base settings due to the earlier closure of Waimano Training School and Hospital (WTSH) and; the ongoing challenges at Hawaii State Hospital (HSH) to maintain a reasonable daily census; the Adult Mental Health Division's ongoing effort to develop a system of community-based services with sufficient capacity to meet the needs of the current target population; and finally, continuing to comply and sustain the level of effort to meet the requirements of the Individuals with Disabilities Act.

Of particular importance is compliance with the federally mandated HIPAA. The Department of Health is required to comply with the requirements of HIPAA or face monetary penalties. At this point in time, the Department is at a critical juncture and

must maintain a commitment to implement policies and procedures to ensure compliance with this law.

The Developmental Disabilities Division continues to address provider capacity, quality assurance, and resource issues as these areas are critical as the program moves toward providing and assuring that person-centered and self determined approaches are effectively delivered to all eligible individuals with Developmental Disabilities.

The Department is also continuing to make progress in placing patients at the HSH who do not belong in an acute care setting into community-based facilities and programs for treatment. Additionally, it is our commitment to assure that individuals with serious mental illness receive the care that they require in the most appropriate environment possible without compromising the need for security and access to a comprehensive array of services. HSH's accreditation by the Joint Commission on Accreditation of Hospital Organizations is a clear indication that our patients continue to receive the appropriate care and treatment that they deserve. Since being released from Federal Department of Justice oversight, the Adult Mental Health Division strives to maintain a level of effort that will ensure continued compliance with high quality standards.

The 2007-2010 Child and Adolescent Mental Health Division's Strategic Plan created in accordance with HRS 321-175 defines and provides the structure and criteria that the DOH will follow to meet the needs of their target population.

B. Program Change Recommendations to Remedy Problems

Our commitment over the coming years is to sustain our efforts and establish a stable and consistent system of care in the most efficient and appropriate manner. We are submitting budgetary and programmatic changes to address these issues. These changes are addressed in the respective program ID (HTH) testimonies.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

The program issues are provided in the respective program's testimony.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(posn count)	(122.50)			(122.50)	(122.50)
Personal Svcs.	7,194,535	419,504	-1,173,053	6,440,986	6,440,986
Current Exp.	2,150,361		1,173,053	3,323,414	3,323,414
Equipment					
Motor Vehicles					
	(115.50)			(115.50)	(115.50)
TOTALS	9,344,896	419,504		9,764,400	9,764,400
Less:					
N - Federal Funds	1,304,909			1,304,909	1,304,909
(posn count)	(122.50)			(122.50)	(122.50)
General Fund	8,039,987	419,504		8,459,491	8,459,491

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program**

   A combined transfer of general and federal funds totaling $1,173,053 from "Personal Services" to "Other Current Expenses" is required to address various unfunded operating expenses; to comply with the Health Information Portability and Accountability Act of 1996 (HIPAA), to address costs of annual maintenance and renewal of licenses for computers, increased cost related to utilities and gasoline, various operating cost purchases and other services necessary to meet conditions of the Rural Health grants, and renovation costs to accommodate program changes in Kinau Hale, WTSH, and the Trotter building on the grounds of Leahi Hospital. The transfer of general funds is a result of savings due to difficulty in filling critical positions.

2. **Explanation of transfers between Program IDs and Impact on the Program –**

   None

3. **Explanation of Restrictions and the Impact on the Program** – None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(posn count)	(122.50)	(1.00)	(123.50)
Personal Svcs.	7,213,749	42,144	7,255,893
Current Exp.	2,100,361		2,100,361
	(122.50)	(1.00)	(123.50)
TOTALS	9,314,110	42,144	9,356,254
Less:			
N - Federal Funds	1,304,909		1,304,909
(posn count)	(122.50)	(1.00)	(123.50)
General Fund	8,009,201	42,144	8,051,345

Narrative

A. Brief Title of Request: Trade-off Transfer-in of Position Count and Funds for a Contracts Specialist Position in the Administrative Services Office (Item #TR-1C)

1. Description of Request

This "housekeeping" action will formalize a trade-off transfer position count from Clerk III (#06537) and funds from HIV-MMS Specialist IV (#111582) for a Departmental Contract Specialist (#118368) in the Administrative Service Office.

2. Listing of Positions and Cost Categories

	FY 2009
Personal Services	(1.00)
Departmental Contracts Specialist (#118368)*	42,144 A

*The above position has been established and filled.

VI. Program Restrictions - None

VII. Capital Improvement Project (CIP) Request for Supplemental Year FY 2008-09

Project Title: Various improvements to DOH Facilities, Statewide

1. **Description:** Design and construction for various improvements to DOH Facilities statewide. Improvements may include re-roofing, renovations, air conditioning upgrades, and other various improvements.

2. **Financial Requirements by Project Phase, MOF, Cost Element**

	FY 2009
Total Request:	868,000 C

3. **Explanation and Scope of the Project**

Construction funds for projects that are presently in design with Act 160/06 funds. Refoof Diamond Health Health Center, Lanikila Health Center, Lihue Health Center Annex, Waipahu Clubhouse, retrofit air conditioning for Diamond Health Health Center; design and constructfunds for projects; retrofit the Sand Island Wasterwater treatment faciliy, Renovations for security Lanikila Health Center, Windward heatlh center; Design and construction funds for projects that were identified in FY 2007.

4. **Justification for the Project:** These facilities have severe roof leasks and air conditioning equipment that are past its useful life.

5. **For all lump sum requests, please provide a specific breakout detailing specific projects for all planned expenditures.**

6. **Senate and House District for the Project -** Statewide

Project Title: Waimano Ridge Various Improvements to buildings and site, Oahu

1. **Description:** Design and construction for various health and safety improvement Improvements may include re-roofing, renovations, air conditioning upgrades, and other various improvements.

2. **Financial Requirements by Project Phase, MOF, Cost Element**

	FY 2009
Total Request:	1,489,000 C

3. **Explanation and Scope of the Project**

Various repairs to include: Re-roofing and structural repairs to the multipurpose bldg., Renovations to Bldg 4, Re-roofing and renovations to Hale complex, Re-roofing of Diamond Head wing of State Lab, New guardhouse and gate at ridge entrance.

4. **Justification for the Project:** Repairs are needed to continue occupancy of exiting buildings. Roofs are leaking and need to be re-roofed. Restrooms and bldg interiors must be retrofitted to meet current ADA standards.

5. **For all lump sum requests, please provide a specific breakout detailing specific projects for all planned expenditures.**

6. **Senate and House District for the Project -** 24/48

VIII. Proposed Lapses of Capital Improvements Program Projects - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008–09

Program I.D. & Title: HTH 520 Disability and Communication Access Board

I. Introduction

A. Summary of Program Objectives

To ensure that persons with disabilities are provided equal access to programs, services, activities, employment opportunities, and facilities to participate fully and independently in society.

B. Description of Program Activities

HTH 520 represents the Governor-appointed Disability and Communication Access Board (DCAB). The major activities of the Board are to:

1. Establish guidelines for the design of buildings, facilities, and sites by or on behalf of the State and counties in accordance with Section 103-50, Hawaii Revised Statutes.

2. Provide review and recommendations on all State and county plans for buildings, facilities, and sites in accordance with Section 103-50, Hawaii Revised Statutes.

3. Establish guidelines for the utilization of communication access services provided for persons who are deaf, hard of hearing, and deaf-blind in State programs. Guidelines include, but are not limited to, determining the qualifications of interpreters who may provide services, the amount of payment to interpreters, and the credentialing of interpreters who do not hold national certification via a State screening process.

4. Administer the Statewide parking program for disabled persons, in accordance with Part III of Chapter 291, Hawaii Revised Statutes.

5. Serve as public advocate for persons with disabilities by providing advice and recommendations on matters relating to access to persons with disabilities, with emphasis on legislative matters, administrative rules, policies, and procedures of State and county governments.

6. Review and assess the problems and needs relating to access for persons with disabilities in the State in order to provide recommendations in the improvement of laws and services.

7. Serve as the designated State agency to coordinate the efforts of the State to comply with the requirements of the Americans with Disabilities Act (ADA) for access to services, employment, telecommunications, and facility and site design.

8. Provide technical assistance and guidance to, but not limited to, State and county entities in order to meet the requirements of state, federal, and county laws, providing access for persons with disabilities through public education programs and other voluntary compliance efforts.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

In order to meet program objectives, the program intends to continue its established activities through an aggressive outreach of voluntary compliance, technical assistance, training, and consultation. An annual Plan of Action is adopted by the Board and implemented by staff, outlining approximately fifty activities to be carried out during the fiscal year in order to meet our annual stated goals and objectives.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

Program performance results are measured primarily through PPB measures of effectiveness. Program measures have consistently been met within the past fiscal year.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

Not directly applicable, as program is only administratively attached to the Department of Health.

C. Explanation of How Program's Effectiveness is Measured and Results

PPB measures of effectiveness are determined via staff data collection of activities on a quarterly basis as well as ongoing follow-up assessments and/or analyses that monitor desired outcomes on an annual basis.

D. Discussion of Actions Taken to Improve Performance Results

DCAB underwent a re-organization in August 2005 and December 2007 to create greater operational efficiencies. The re-organizations (1) created a Planning and ADA Coordination Unit to consolidate planning-related efforts, including data collection, legislation, and the statewide ADA Coordination effort; (2) re-described other position descriptions in the Program and Policy Development Unit to focus on information and referral, technical assistance, training, voluntary compliance, web site development, the parking program and communication access; (3) transferred a position from the Administrative Support Unit to the Program and Policy Development Unit. DCAB also upgraded its computer network with the use of a consultant, including a new server/backup server, revamped its web site and shifted to electronic format for most documents.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. **Discussion of Problems and Issues Encountered if any** - None

B. **Program Change Recommendations to Remedy Problems** - Not applicable

C. **Identify Any Program Issues or Problems and Corrective Measures/Remedies** – Not applicable

IV. **Projected Expenditures for FY 2007-2008**

A. **Financial Data**

	Act 213/07 Apprn for FY 2008	C/B	Restriction Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(7.00)			(7.00)	(7.00)
Personal Svcs.	922,833	35,417		958,250	958,250
Other Current Expenses	625,447	35,417		625,447	625,447
	(7.00)			(7.00)	(7.00)
TOTALS	1,548,280	35,417		1,583,697	1,583,697
Less:					
(pos'n count)					
B - Special Fund	10,000			10,000	10,000
(pos'n count)	(2.00)			(2.00)	(2.00)
U - Interdept'l Trans Fund	204,812			204,812	204,812
(pos'n ct.)	(5.00)			(5.00)	(5.00)
A - General Fund	1,333,468	35,417		1,368,885	1,368,885

B. **Narrative**

1. **Explanation of transfers within the Program ID and Impact on the Program** - None

2. **Explanation of transfers between Program IDs and Impact on the Program** - None

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY Requirement
(pos'n count)	(7.00)		(7.00)
Personal Services	922,833		922,833
Other Current Expenses	673,447		673,447
	(7.00)		(7.00)
TOTALS	1,596,280		1,596,280
Less:			
B - Special Fund	10,000		10,000
	(2.00)		(2.00)
U - Interdeptl Trans Fund	204,812		204,812
(pos'n ct.)	(5.00)		(5.00)
A - General Fund	1,381,468		1,381,468

Narrative - None

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 904 – EXECUTIVE OFFICE ON AGING

I. Introduction

A. Summary of Program Objectives

To enable older persons to live, to the greatest extent possible, healthy, dignified and independent lives by assuring an accessible, responsive and comprehensive system of services through advocacy, planning, coordination, research and evaluation.

B. Description of Program Activities

As a result of the Older Americans Act, the Executive Office on Aging (EOA) was designated the lead agency in the State of Hawaii to address aging issues on behalf of its more than 237,000 persons 60 years of age and older. For the well being (physical, social, mental health, etc.) of the State's older population, the EOA is charged with a wide range of responsibilities that include:

- Providing statewide leadership for the development and review of policies and programs for older adults, as articulated by the State Plan on Aging, the Comprehensive Master Plan for the Elderly, and the Long Term Care Plan for Hawaii's Older Adults;
- Serving as a clearinghouse of aging policies and information;
- Recognizing older adults as resources;
- Maintaining an efficient statewide database system to identify and define the aging population in Hawaii;
- Overseeing a statewide, client-driven, comprehensive home and community-based system of services;
- Recognizing that elders deserve special protection from abuse and neglect; and
- Promoting and establishing basic services for family caregivers.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

The 2008-2011 State Plan on Aging was approved by the Assistant Secretary of the U.S. Administration on Aging. Under this plan, the EOA and the area agencies on aging will develop and implement objectives and action plans that address the following goals:

- Older adults and their caregivers have access to information and an integrated array of health and social supports;
- Older adults are active, healthy, and socially engaged;
- Families are supported in caring for their loved ones;
- Older adults are ensured of their rights and benefits and protected from abuse, neglect and exploitation;
- Older adults have in-home and community-based long term care options; and
- Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

During FY 2007 (July 1, 2006 to June 30, 2007), the Executive Office on Aging (EOA) continued to address the mandates of the Older Americans Act (OAA) and the goals of the Hawaii State Plan on Aging (2003-2007). The following is a brief discussion of these goals and the actions taken towards them.

Older adults make informed decisions through accurate information

- The area wide programs and services of the State Plan, established in each county, function as a source of information for older adults. The Information & Assistance (I&A) component disseminates information through individual and group meetings, seminars, and forums, as well as radio and television broadcasts. The I&A staff provided 62,676 contacts to older adults.

- Two programs within EOA assist older adults to make informed decisions through accurate information: 1) SMP Hawaii (formerly, Sage Watch) uses volunteers to inform older adults and family members about health care fraud and abuse and how to detect and prevent them from occurring, and 2) Sage PLUS, a project which uses volunteers to help members, their families, caregivers, and professionals understand the benefits of the Medicare program. These projects recruited and trained about 169 volunteers.

Older adults are able to live independently in their homes for as long as possible

- Helping older adults live independently in their homes for as long as possible is the underlying purpose for the development and maintenance of the comprehensive and coordinated system of service for the elderly population. Again, the area wide programs and services of the State Plan established in each county function as the major resource for meeting this goal. The KUPUNA CARE (KC) program and Older American Act or Title III provided services to an estimated 10,281 older adults statewide.

Family caregivers have supportive programs and services that address their needs to enable them to continue giving care

- Caregiving is mentally and physically demanding, and caregivers can easily burn out. This was acknowledged by AOA when the National Family Caregiver Support Program (NFCSP) was included as part of the OAA 2000 amendments. Services were provided to 1,751 caregivers.

- The Caregivers Resource Initiative (CRI) continued to promote self-advocacy among caregivers and coordinated a system of statewide caregiver support through the Hawaii Family Caregiver Network.

Older adults and family members are informed of elder rights and benefits

- SMP Hawaii informs older adults and family members about health care fraud and abuse and how to detect and prevent them from occurring. With a focus on the Medicare and Medicaid programs, the project recruited and trained 103 volunteers, the Senior Fraud Squad (SFS), to reach out to older adults. In addition, the project established working relationships with ALU LIKE, Inc. and

Kokua Kalihi Valley. These are significant accomplishments, because the native Hawaiians and the Southeast Asian immigrants, whom these organizations serve and represent, are among the older adults who are most vulnerable to fraud and abuse.

- The Sage PLUS program is a peer-based volunteer information giving and counseling service that helps members, their families, caregivers, and professionals understand the benefits of various health coverage programs including Medicare Part A, B, C, and D, Medigap, Medicaid, prescription drug programs and others. The program participated in 65 health fairs throughout the State, including Molokai and Lanai to inform elderly persons of their Medicare benefits. Another accomplishment of the program is the establishment of monthly counseling availability in each county involving the Social Security Administration and the area agencies.

- The Long Term Care Ombudsman Program (LTCOP) identifies, investigates, and resolves complaints made by or on behalf of residents of licensed long term care facilities. The program opened 141 cases which totaled 214 complaints. All cases have been resolved except 6, which will carry over to the following reporting cycle.

Public and private sectors and the community work together to address existing and emerging issues

- The Healthy Aging Project - Empowering Elders (HAPEE) works towards improving the health status of Hawaii's elderly through two programs: Enhanced Fitness (EF) and Chronic Disease Self-Management Program (CDMSP). In order to accomplish this, HAPEE enters into partnership with the aging network, public health programs, government, private sector, and the general community.

- EOA's CRI Project sponsored the 3rd Annual Holo Imua Kakou (Moving Forward Together) Legislative Reception in January 2007. The focus was on raising awareness of caregiver issues to Legislators and showcasing personal care giving stories.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

The above-mentioned program results relate to EOA's goals and objectives as laid out in the state plan on aging. Older adults are able to make informed decisions through accurate information. Through the various supportive (access, in-home, and community-based) and nutrition services, EOA is able to help older adults to age in place, live in their homes, and delay their institutionalization. In addition, family caregivers have supportive programs and services that address their needs to enable them to continue giving care. Furthermore, older adults and family members are informed of elder rights and benefits. Finally, through its initiatives, the public and private sectors and the community are able to work together to address existing and emerging issues. Although the EOA is administratively attached to the DOH, its program objectives relate directly to the Departmental goals to promote and encourage

healthy behaviors, and assure equitable access to health and services to support Hawaii's citizens.

C. Explanation of How Program's Effectiveness is Measured and Results

Program effectiveness is measured by looking at EOA's targeting performance and selected outcome measures. The Older Americans Act requires that in providing services to older persons 60 years and older, priority be given to the following groups: minority, those with greatest economic need (defined as low-income, or those whose incomes are below 115% of poverty), those living in rural areas, and those who are frail or disabled (having difficulty performing one or more activities of daily living (ADL) or instrumental activities of daily living (IADL).

Some of the highlights of major services are:

- Family Caregivers and "Grandparents and Older Individuals who are Relative Caregivers." The purpose of these services is to support and provide relief to family caregivers of older adults as well as to grandparents or older individuals, age 55 and over, who are caregivers to related children or to related individuals with a disability.

Table 3. Family Caregiver Services and Persons Served

Services	Persons Served	Units of Services
Counseling, Support Groups, Training	1,393	257 Sessions
Respite Care	321	26,279 Hours
Supplemental Services [1]	57	449 Requests

[1] Supplemental services includes home modification, assistive technology, emergency response systems, incontinence supplies, legal assistance, transportation etc. not available though any other funding.

Table 4. "Grandparents or Older Individuals Age 55+ Who are Relative Caregivers" Services and Persons Served

Services	Persons Served	Units of Services
Counseling, Support Groups, Training	53	36 Sessions
Supplemental Services	60	78 Requests

- Access Services. The purpose of access services is to provide information about resources and link older adults to resources or needed services in the community. These services include information and assistance (I&A), outreach, case management, and assisted transportation. (See Table 5 on the next page.)

Table 5. Access Services and Persons Served

Services	Persons Served	Units of Service
I&A	*Not Available	33,611 contacts
Outreach	*Not Available	29,065 contacts
Case Management	1,688	30,374 hours
Assisted Transportation	59	1,554 trips

- Home and Community-Based Services (HCBS). The purpose of HCBS services is to help older adults remain in their home for as long as possible. These services include personal care, homemaker, adult day care, and chore.

Table 6. HCBS Services and Persons Served

Services	Persons Served	Units of Service
Personal Care	785	48,401 Hours
Homemaker	515	14,357 Hours
Adult Day Care	115	24,783 Hours
Chore	172	1,023 Hours

- Nutrition Services. The purpose of nutrition services is to ensure elderly persons receive meals that are compliant with the nutrition requirements of AoA and to provide an opportunity to older adults to socialize, learn new things, enjoy recreational activities, receive nutrition education, and obtain access to other support services like shopping assistance, transportation etc.

Table 7. Nutrition Services (Meal Services Only) and Persons Served

Services	Persons Served	Units of Service
Home Delivered Meals	3,575	461,316 meals
Congregate meals	4,517	307,514 meals

- Elder Abuse Prevention and Elder Rights Programs. Through Title VII of the OAA, state funds, and other federal funds, EOA coordinates with and facilitates the development of an elder abuse prevention and elder rights response system. The system includes public awareness activities, I&A and outreach services, the Long-Term Care Ombudsman Program (LTCOP), SMP Hawaii, protection and advocacy programs, Sage PLUS, Office of Health Care Assurance (OHCA), consumer protection, and State and local law enforcement agencies. The system is intact and continues to improve at the local level.

- Long-term Care Ombudsman Program (LTCOP). LTCOP started out in 1975 as a demonstration project under the Older Americans Act (OAA). As a result of the demonstration, the Legislature amended Chapter 349, HRS in 1979 to authorize EOA to investigate and resolve long term care complaints. In 2007, the legislature passed a bill to create the Office of the Long-Term Care Ombudsman within EOA, which was signed into law by Governor Linda Lingle on May 24, 2007. The LTCOP has accomplished the following:

- Opened 141 cases which totaled 214 complaints. All cases have been resolved except 6, which will carry over to the following reporting cycle.
- Received approximately 933 volunteer hours from 30 certified Volunteer Ombudsman Representatives.
- Provided consultation and assistance to 1,377 individuals and 336 consultations to facility staff, as well as other health care, legal and other professionals; spoke at 44 resident councils and 19 family councils; and visited with residents in 10 adult residential care homes and all 10 assisted living facilities.
- Met with the residents of every nursing and assisted living facility on every neighbor island except Lanai and Molokai.
- Participated as a regular member of the Senate Task Force on Elder Abuse and Neglect and is now a member of its replacement, the Kupuna Caucus.
- Worked with the DOH, DHS and the Office of the Public Guardian on various issues affecting residents of care homes, assisted living facilities and nursing facilities, including successfully advocating for an increase in the personal needs allowance from $30 to $50/month for each adult residential care home and nursing home resident.

• <u>SMP Hawaii</u>. SMP Hawaii (formerly, Sage Watch) is one of 57 federally funded Senior Medicare Patrol projects located in every state, the District of Columbia and Puerto Rico. SMP Hawaii uses volunteer retired professionals to work in their communities, educating and empowering beneficiaries to take an active role in the detection and prevention of health care fraud and abuse with a focus on the Medicare and Medicaid programs. SMP Hawaii has accomplished the following:

  - Executed an agreement with ALU LIKE, Inc. to provide outreach to native Hawaiian communities throughout the State. Advisory councils have been established in each county to organize educational meetings, fraud training, and outreach strategies.
  - Executed an agreement with Kokua Kalihi Valley (KKV) to provide outreach to Southeast Asian and Pacific Islander communities. KKV's staff has attended SMP Hawaii's training and has conducted similar presentations in various languages. Translations of fraud preventive brochures and other printed material, observing cultural sensitivity have been done in Samoan and Ilocano and more translations are being planned.
  - Conducted a survey of family caregivers to assess their needs in fraud prevention and dissemination of fraud preventive education materials for family caregivers. A video message for local TV broadcast is pending completion.
  - Recruited 103 volunteers for the Senior Fraud Squad (SFS) to serve as an outreach and educational arm to the senior community in partnership with the local police. These senior volunteers, culturally diverse, were trained by members of law enforcement and consumer advocacy groups.

<u>Sage PLUS</u>. Sage PLUS, known as the Hawaii State Health Insurance Assistance Program (SHIP) at the federal level, is funded by the Centers for

Medicare and Medicaid Services. Sage PLUS uses its statewide volunteer network to provide peer counseling services to help older adults, their families, caregivers, and professionals understand insurance benefits. Information is provided regarding Medicare (Part A, B, C, and D), Medigap, Medicare Advantage, Medicaid, prescription drug programs, long-term care insurance and advance health care directives. The volunteers also assist the clients in comparing health and drug plans, in enrollment, in writing appeals for denied services, and in referrals to other agencies when appropriate. Upon request, the volunteers do presentations to community organizations and other interested groups of individuals age 60 and over. Sage PLUS has the following accomplishments:

- Provided 29 Educational Seminars for community members in both rural and urban areas and 10 Medicare Trainings for Professionals Statewide.
- Participated in 65 Health Fairs and Medicare Part D comparison and enrollment events in both Rural and Urban Areas, including Molokai and Lanai.
- Participated in the Native Hawaiian (Na Pu'uwai) Health Fair;
- Provided update training to 56 volunteers Statewide and completed annual review and certification of the volunteers.
- Arranged for monthly counseling availability in each county through partnership with Social Security and the area agencies.
- Conducted trainings in each county for volunteers and professionals on Medicare updates.
- Translated Part D materials into Korean, Japanese, and Chinese.

- Special Initiatives - Community Partnerships

Caregiver's Resource Initiative (CRI). In 2001, EOA executed a contract with the University of Hawaii-Center on Aging (UH-COA) in response to the OAA 2000 Amendments, which authorized the National Family Caregiver Support Program (NFCSP). UH-COA would provide CRI staff to meet the new demands placed on EOA by the federal government to develop support systems, services, and products for informal (unpaid) caregivers. Thus, CRI supports family caregivers by promoting and fostering a statewide, coordinated approach in addressing the needs of caregivers. CRI has the following accomplishments:

- Sponsored the 3rd Annual Holo Imua Kakou (Moving Forward Together) Legislative Reception in January 2007. The focus was on raising awareness of caregiver issues to Legislators and showcasing personal care giving stories.
- Developed the Family Caregiver Resource Kit for Businesses and distributed it statewide. AARP, the area agencies, and EOA were the primary sponsors of the Kit. Subsequent funding came from the Hawaii Community Foundation's "Mo Bettah Together" Grant.
- Conducted Caregiver's Day at the Capitol in March 2007. Caregiver Day consisted of over 40 exhibit tables, a legislative luncheon, scheduled

meetings with legislators, an 8-page color insert in the Honolulu Star-Bulletin, and voluntarily staffing KHON's Action Line on caregiver issues.
- Received $5,000 in February 2007 from the National Alliance for Caregiving to pay for caregiver awareness activities.
- Participated on the advisory committee for KHON's Elderhood Project and for KGMB's Genius of Aging Project.

CRI is also responsible for administering EOA's grant from the Brookdale Foundation's Relative as Parents Program. This program supports grandparents and other relatives who are surrogate parents. Under this grant, CRI has the following accomplishments:

- Assisted the QLCC (Queen Liliuokalani Children's Center) and Child and Family Services on Kauai to expand their Tutu Support Groups for grandparents raising grandchildren to East and West Kauai, and
- Assisted Hi'i Na Kupuna, Maui's caregiver coalition, to continue its support group for another year.

Healthy Aging Partnership - Empowering Elders (HAPEE). In 2003, EOA called upon the four area agencies, DOH Community Health Division, UH-COA, and service providers to build the aging network's evidence-based programming capacity. HAPEE is a result of this initiative.

EOA was awarded a three year grant of $750,000 from AoA beginning on September 30, 2006 through July 31, 2009. Under the grant, EOA is obligated to: develop the infrastructure and partnership for evidence-based intervention; follow the Stanford University CDSMP model; and develop and implement a plan for the continuation of the program after the conclusion of the grant period.

HAPEE established two evidence-based programs developed by Stanford University and introduced on the national level: The Chronic Disease Self-Management Program (CDSMP) and The Enhanced Fitness (EF) Program.

CDSMP trains people to be confident in controlling their chronic symptoms. It is a six-week training program, consisting of one session of 2 ½ hours a week. The program focuses on building skills, sharing experiences, and group support.

EF is an exercise program consisting of stretching, flexibility development, balancing, low impact aerobics, and strength building. The program runs 16 weeks, three 1-hour classes a week.

HAPEE has the following accomplishments:

- Facilitated Kapiolani Community College's classes at Kahala Nui.
- Held CDSMP team training at ALU LIKE, Inc. and Hale Mahaolu on Maui.
- Held two EF programs in Pahoa and at Auntie Sally's site in Hilo.
- Contracted with Dr. Kathryn Braun and Michiyo Tomioka from the University of Hawaii to provide evaluation support to ensure that the programs are implemented with fidelity, e.g., true to the original program design and

outcomes. They are working closely with the National Council on Aging and staff with the EF and CDSMP programs.

Aging and Disability Resources Center (ADRC). In 2005, EOA received $800,000 for a federal grant from AoA and the Centers of Medicare and Medicaid Services to develop ADRCs in Hawaii over the following three years. The UH-COA provides staff to coordinate the ADRC development in Hawaii through a contract with EOA. The project is part of a national effort to establish single entry points to long-term care resource, inclusive of the Medicaid program. ADRCs are locally based with the area agencies at the helm. The ADRC project has the following accomplishments:

- Continued to assist HCOA in the development of the former Sun Sun Lau Restaurant in Hilo as the ADRC site. The ADRC will house major service providers from the aging and disability communities including the state Department of Human Service.
- Continued to assist HEAD in the development of a virtual ADRC site on Oahu.
- Received recognition nationally as a program that demonstrates the principles of AoA's strategy to rebalance and modernize health and long-term care for older persons and those with disabilities. The project is posted in the AoA's website (www.AoA.gov).

D. Discussion of Actions Taken to Improve Performance Results

EOA conducts program and fiscal monitoring of area agencies to identify shortcomings and improve program implementation. Corrective action plans are submitted by the area agencies to the state.

To improve data collection, statewide meetings are held with the counties to ensure accuracy, completeness and timeliness of data collection and reporting.

To build staff capacity for EOA and the area agencies, a series of training on planning and evaluation techniques have been implemented in 2007 and will continue to be conducted in early 2008.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

There are unfunded mandates from the federal government such as evidence-based interventions, more options for seniors, and improving access. Funds for these activities are available on a competitive basis.
Funding has not kept pace with the increasing size of the elderly population and the corresponding need for more services.

There is also a lack of service providers in the neighbor islands.

B. **Program Change Recommendations to Remedy Problems**

To increase efficiency of service delivery operations and to assure that services are most responsive to the counties' needs, EOA has transferred procurement responsibilities for state-funded home and community based and elder abuse services to the county area agencies on aging.

To implement science-tested (evidence-based) interventions that are proven to be cost-effective.

To convert a few EOA positions from temporary to permanent status as to retain quality employees, beginning with program specialist V.

C. **Identify Any Program Issues or Problems and Corrective Measures/Remedies**

Same as in section A above. To address some of the problems, EOA has initiated collaborative efforts with other public agencies, the private sector and the community, and has encouraged the use of volunteers.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(10.75)			(10.75)	(10.75)
Personal Services	1,218,798	2,292		1,221,090	1,221,090
Other Current Expenses	12,595,474			12,595,474	12,595,474
	(10.75)			(10.75)	(10.75)
TOTALS	13,814,272	2,292		13,816,564	13,816,564
Less:					
(pos'n ct.)	(7.45)			(7.45)	(7.45)
N—Federal Fund	7,443,720			7,443,720	7,443,720
(pos'n ct.)	(3.30)			(3.30)	(3.30)
A–General Fund	6,370,552	2,292		6,372,844	6,372,844

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program**
   None

2. **Explanation of transfers between Program IDs and Impact on the Program**
   None

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(10.75)	(1.00)	(11.75)
Personal Services	1,218,798		1,218,798
Other Current Expenses	12,344,136		12,344,136
	(10.75)	(1.00)	(11.75)
TOTALS	13,562,934		13,562,934
Less:			
(pos'n ct.)	(7.45)	(0.56)	(8.01)
N—Federal Fund	7,443,720	–	7,443,720
(pos'n ct.)	(3.30)	(0.44)	(3.74)
A–General Fund	6,119,214	–	6,119,214

A. Convert temporary position to permanent (Item #26)

1. Description of Request

The temporary nature of the Program Specialist position is a barrier to experienced and highly qualified applicants applying for the position internally and externally. For example, permanent civil service employees will not apply for a temporary position and risk losing their civil service status, and external applicants want a permanent not temporary position. The temporary nature along with specialized experience and knowledge required reduces the applicant pool for a hard-to-fill and essential position.

2. Listing of Positions and Cost Categories

	FY 2009	
Personal Services	+ (0.44)	
	--	A
	+ (0.56)	
	--	N

This Program Specialist (Aging) V (#40215) position to be converted to permanent is currently filled.

VI. Program Restrictions - None

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: **HTH 905 DEVELOPMENTAL DISABILITIES COUNCIL**

I. Introduction

A. Summary of Program Objectives

To assure that individuals with Developmental Disabilities and their families participate in the design of, and have access to, culturally competent services, supports and other assistance and opportunities that promote independence, productivity and integration and inclusion into the community.

B. Description of Program Activities

The Council conducts activities to promote systemic change through policy analysis, training, implementation of projects to demonstrate new approaches and best practices, providing training, education, and policy development through the activities of its area of emphasis committees (Community Supports; Employment and Education; Health and Early Childhood; and Public Awareness, Self-Determination and Training).

Program activities include: 1) convening a work group to address choice of residential settings for persons with DD; 2) coordinating/conducting training sessions, such as legislative advocacy, Partners in Policymaking Leadership Academy, Day at the Capitol, transition of students from secondary education to adult services, individual service plan, person-centered planning, and home and community-based services; 3) initiating systems change activities focusing on Hawaii's Olmstead Plan, residential settings, and direct support workers; 4) funding initiatives that address increasing options for individuals transitioning from post secondary education to higher education, vocational training or employment, and promoting the hiring of people with DD; 5) initiating legislative measures to increase residential options and provider capacity in the community, provide choice of residential settings, establish and support a statewide self-advocacy network, and continue the donated dental services program; 6) promoting interagency collaboration/ coordination to better serve, support, assist, or advocate for individuals with DD and their families through the implementation of the Family Support 360 project, a U.S. Administration on DD five-year grant to implement a one-stop navigational center for individuals with DD and their families, and participating on the Olmstead Task Force, and participation on the workgroup to address emergency preparedness of individuals with disabilities and special needs; and 7) supporting activities in the community to enhance independence, productivity, and integration and inclusion of individuals with DD.

In the area of policy analysis and advocacy, the Council works to keep the public and policymakers aware of various legal actions, such as the Olmstead Decision and Makin II Settlement. The Council continues to monitor and track the reauthorization and Federal regulations of the Individuals with Disabilities Education Act – 2004 (IDEA). Council staff and members have been active participants of the Chapter 56/60 Community Work Group to assist the Department of Education in the development of the Hawaii Administrative Rules for the implementation of IDEA. The Council participates on the DD Division's Home and Community-Based Services (HCBS) Waiver Policy Advisory Committee to assure that individuals with DD who are eligible for the waiver, receive adequate and timely services and supports; and the Department of Human Services Quest Expanded

Advisory Group to provide input for the transition of the QUEST and Aged, Blind and Disabled populations into managed care.

The Council collaborates with the Department of Health, DD Division and the community to support the implementation of the principles of self-determination for individuals with DD (Act 133, Session Laws of Hawaii 1998). Key policies pursued have addressed individual choice of residential setting, self-advocacy, implementation of Act 133, individual budgeting, consumer-directed personal assistance, provision of Medicaid services (dental and medical), and provision of supports to enable the transition of students from post secondary education to community services.

The Council continues to administer the Donated Dental Services program as a result of legislative support and appropriation since 2001.

C. Explanation of How the Program Intends to Meet Its Objectives Within the Upcoming Fiscal Year

The Council intends to meet its objectives by continuing to provide policy direction, training, education, advocacy, and technical assistance. In developing workload projections for the upcoming fiscal year, priority areas for the Council to address include activities that: 1) support individual choice of residential setting, 2) promote self-determination and self-advocacy, 3) provide education and training regarding the HCBS waiver for individuals with DD/MR, 4) enhance case management, 5) support families, 6) improve access to dental and health care, and 7) increase options for employment and housing.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

The Council completed 58 percent of strategies identified in its 2007-2011 State Plan.

In the area of legislative advocacy, the Council:

1. Advocated for and supported initiatives to: 1) address the appropriation of funds to provide for continued operation of DD Domiciliary homes and apartment complexes thereby maintaining current residential options for those individuals, 2) establish and support a statewide self-advocacy network, 3) continue funding for the statewide donated dental services program, and 4) extend the sunset date regarding legislation that provides individuals with DD choice of residential setting.

2. Provided legislative advocacy training to individuals in the Partners in Policymaking Leadership Academy and participants for the Council's annual Day at the Capitol.

3. Actively monitored, tracked and supported measures related to aging and disability resource center, community placement, dental care, disability access, disaster preparedness, early intervention, education, emergency appropriations for DD and early intervention services, family caregivers, individual choice of residential setting, long-term care, Medicaid and Medicare services including medical/dental care, residential services, personal needs allowance, consistent statewide policies on the use of restraint and seclusion, respite care, self-advocacy, and special education.

4. Obtained funding from the 2007 Legislature to continue the Donated Dental Services Program in collaboration with the National Foundation on Dentistry for the Handicapped.

In November 2006, the Council collaborated with private agencies and the Medicaid Infrastructure Grant to co-sponsor training for direct support workers statewide. There were 373 individuals who participated in the training.

Partners in Policymaking Leadership Academy completed its 13th academy in February 2007 with 18 new graduates. More than 200 self-advocates and family members have completed the program to date. Partners graduates continue to serve the community through leadership roles on boards, committees and coalitions.

The Council supported more than 350 individuals with DD and their families, and others to participate in its annual Day at the Capitol. Participants representing all Counties had the opportunity to meet with legislators and their staff to share their personal stories and express concerns about available DD services and issues, such as dental care, disability access, employment, family support, waiver services, residential services, funding for DD and early intervention services, housing, and respite. They attended Committee hearings and had an opportunity to tour the Capitol and network with others.

The Council completed production of a public awareness Storyteller Project. The DVD features six storytellers with disabilities talking about experiences during their teen and young adult years with the purpose of promoting disability awareness to high school students. The stories focus on the issues of inclusion and diversity. The DVD was shown at the 2007 Pac Rim Conference and received extremely positive feedback.

The Donated Dental Services Program continues to be administered by the Council. Since the program started in January 2002, 150 individuals have received dental care services for a value of $450,359.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

During the past year, the Council concentrated its energy and resources on increasing involvement of individuals and families in systems change and legislative advocacy. To achieve our objectives, the Council continued to focus on systems analysis, individual budgeting, residential options, and education and training of individuals with DD and their families in the area of the DD/MR waiver services and supports, dental care services and managed care.

C. Explanation of How Program's Effectiveness is Measured and Results

Program effectiveness is measured on two scales: 1) outcome results developed by the Federal Government in response to the Government Performance Results Act of 1993 and 2) State's Measures of Effectiveness that measure the Council's percent of strategies completed in its State Plan.

The measures of effectiveness are addressed by the percent of activities completed within the established timeframe in the Council's State Plan that includes, but is not limited to, number of 1) individuals and family members participating in public awareness, education

and training activities; 2) systems change activities; 3) projects funded/co-sponsored; 4) legislative measures impacted by Council's advocacy; 5) administrative policies impacted by Council's advocacy; and 6) collaboration/coordination activities.

D. Discussion of Actions Taken to Improve Performance Results

The Council has reduced its activities that did not fall within the designated priority areas. Staff has assumed extra duties in order to meet State Plan objectives.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications

Last year, a minor change was made to our Measure of Effectiveness from "Percent of strategies completed in the Hawaii State DD Plan" to "Percent of activities completed within the established timeframe in the Hawaii State DD Plan."

Every year the Council at its annual retreat and meeting conducts a review of its State Plan and makes amendments to the plan. The amendments reflect Council priorities and staff resources.

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any

Currently, the Council has managed to keep the State in compliance with the match requirement through the use of in-kind contribution of Council members' time and office space. However, this alternative may not allow the Council the necessary operating dollars to meet its State Plan activities.

With increased responsibilities in Federal and State laws, Council members do not have the time or the expertise to carry out systems analysis and demonstration projects. Although we have accomplished some collaborative projects using Council members, these projects all need staff support and some level of financing that will not be available without added State support.

The Going Home Plus (Money Follows the Person) Grant, HCBS DD/MR waiver, dental care services, emergency preparedness, managed care initiatives, and self-advocacy increase the need for the Council to provide expanded services in the areas of education, training and technical assistance to individuals with DD and their families.

B. Program Change Recommendations to Remedy Problems

The Council's Federal grant allotment has not kept pace with the increase in State salaries and fringe benefits as a result of HGEA union (collective bargaining) pay raises. If there is no increase with the Federal allotment, within a year or two, the Council will have to meet its personal services by sharply decreasing its operating expenses. Consequently, this would affect its State Plan objectives and activities. Over the past year, the Council has reduced its activities and consolidated objectives in the State Plan.

The Planner V position is currently vacant due to recent retirement of the incumbent. Plans are to wait between three-six months to pursue filling the position. The savings during that time period will go towards meeting payroll expenses.

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies

Same as above.

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(8.00)			(8.00)	(8.00)
Personal Services	411,626	9,167	105,000	525,793	525,793
Other Current Expenses	233, 524		-105,000	128,524	128,524
	(8.00)			(8.00)	(8.00)
TOTALS	645,150	9,167	-	654,317	654,317
Less:					
(pos'n ct.)	(6.50)			(6.50)	(6.50)
N—Federal Fund	462,315			462,315	462,315
(pos'n ct.)	(1.50)			(1.50)	(1.50)
A–General Fund	182,835	9,167		192,002	192,002

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program**
   Funds will be transferred to cover the estimated payroll deficit.

2. **Explanation of transfers between Program IDs and Impact on the Program**
   NONE

3. **Explanation of Restrictions and the Impact on the Program**
   NONE

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(8.00)		(8.00)
Personal Services	431,645		431,645
Other Current Expenses	240,521		240,521
	(8.00)		(8.00)
TOTALS	672,166		672,166
Less:			
(pos'n ct.)	(6.50)		(6.50)
N—Federal Fund	462,315		462,315
	(1.50)		
(pos'n ct.)	209,851		(1.50)
A–General Fund			209,851

Narrative

A. **Brief Title of Request** - NONE

VI. **Program Restrictions -** NONE

EXECUTIVE SUPPLEMENTAL BUDGET REQUEST
Department of Health
FY 2008-09

Program I.D. & Title: HTH 906 State Health Planning and Development Agency

I. Introduction

A. Summary of Program Objectives

To provide a statewide process that involves consumers and providers of health care in the development and implementation of a health services and facilities plan for the State of Hawaii which will promote equal access to quality health services at a reasonable cost.

B. Description of Program Activities

1. Engages the public and private sectors, individuals, and the community from across the State in the development, update, and implementation of the Health Services and Facilities Plan (HSFP).

2. Conducts healthcare needs assessment including demographic, health status, health market and resources, and service utilization review on a regular basis.

3. Administers the State's Certificate of Need Program for medical facilities and services in accordance with the HSFP and Hawaii laws.

4. Provides technical assistance to applicants in the preparation and filing of Certificate of Need applications.

5. Collects, analyzes, and reports on certain health industry data needed by developers and planners of health care services.

6. Develops and maintains a searchable database on its website for public use.

7. Responds to legislative requests for research, planning, or studies relevant to health care services.

C. Explanation of How the Program Intends to Meet Its Objectives within the Upcoming Fiscal Year

1. Provide staff support to the statewide health coordinating council (SHCC), Plan Development Committee (PDC) and subarea health planning councils (SACs) in the revision and development of HSFP.

2. Facilitate and support on-going needs assessment and planning activities of SACs including conducting secondary data review for trend analysis, key informant presentations, and community forums, and to identify and develop initiatives relating to the highest priorities for health services and resources development.

3. Manage the Certificate of Need process to comply with statutes.

4. Continue to expeditiously process Certificate of Need applications.

5. Provide on-going technical assistance to applicants of the Certificate of Need process.

6. On an annual basis, survey health care providers regarding service utilization of health facilities and services. Staff will continue to collect, analyze, and prepare reports on health facilities and services utilization. Staff will maintain SHPDA's website with current information.

7. Continue to collaborate with public and private sectors and the community in ensuring access to quality health care at reasonable cost.

8. Respond to legislative requests or actions.

II. Program Performance Results

A. Discussion of Program Performance Results Achieved in FY 2007

1. **Health Planning:** Completed assessment of the HSFP, which is the first step in the update process. The Agency has been working with six volunteer committees that facilitated committee meetings on a regular basis to update the HSFP. SAC members completed preliminary needs assessment activities including secondary data review, key informants interviews, and participated in community forums and discussions.

2. **Certificate of Need**: SHPDA has streamlined the review time for Certificate of Need applications with turnaround as fast as three weeks. The Agency has been meeting timeline targets.

3. **Health Data Resources**: SHPDA continued to fulfill its statutory requirements of collecting and disseminating utilization data from healthcare providers. Data includes occupancy rates, number of admissions, average length of stay, daily room rates, and utilization of specific technology. Users of the data report include: health care professionals, law firms, consultants, accounting forms, marketing and advertising agencies, academic researchers, students, the media and other interested in Hawaii's health care industry. SHPDA's website search engine continues to be updated.

4. **Regional Planning**. Pursuant to Act 219, SHPDA provided technical and administrative support to the Maui Health Initiative Task Force.

B. Explanation of How Results Relate to the Program's Objectives and the Department's Mission

1. The HSFP defines the means though which SHPDA meets its purpose of insuring access to quality health care at a reasonable cost. The more timely and inclusive the planning process can be, the more realistic it will be and representative of what the citizens and health care industry of the State envision as an appropriate health care system for Hawaii. SHPDA has performed the assessment of the strengths and limitations of the current plan and has formed the working committees that will develop its revision. HSFP is the working document of the SACs and guides certificate of need decision-making.

2. The Certificate of Need program is a health planning tool. It is important that the public has confidence in the integrity of the process, and keeping to the timelines help to ensure that confidence.

3. SHPDA and the SACs needs assessment activities empower individuals and communities to provide a voice into the planning process. The activities offer the SACs with needed information to make informed recommendation on highest priorities for health services and resources.

4. SHPDA's data reports provide valuable information to the public to make informed decisions. The reports also support Certificate of Need applicants in the development of their applications.

C. Explanation of How Program's Effectiveness is Measured and Results

1. The Agency's goal is to complete the update of the HSFP by the Spring of 2008. Program effectiveness for the HSFP is measured by the extent to which the planning process continues to involve and engage consumers statewide as well as those from the multiple segments of Hawaii's health care industry.

2. In addition, the HSFP project is measured by its ability to be utilized statewide by both public and private entities as well as within the various geographic regions. The subarea health planning councils meet regularly to work on their implementation strategies.

3. Activities performed by the subarea councils are presented, discussed, and evaluated at the Statewide Health Coordinating Council.

4. For the research and statistics area, effectiveness is measured by the timeliness of reporting data as well as the accuracy of the data reported. An internal variance report will be generated if the timeliness criteria are not met. The report will be discussed in staff performance valuations. The timeliness has been satisfactory to date. The Agency will continue to ask for customer feedback on the website to improve user satisfaction.

5. Regarding the certificate of need process, the Agency will report whenever specific deadlines in the statute are not met. These reports will be trended and performance improvement action(s) will be taken on an as-needed basis.

D. Discussion of Actions Taken to Improve Performance Results

1. Efforts will continue to develop new and build upon existing partnerships to address priority health concerns. This kind of collaboration promotes dialogue and fosters longer term community impact. Staff has done research regarding national utilization trends on services and facilities to promote the process of updating the HSFP thresholds.

2. Certificate of need (CON) application forms have been revised to expedite the review process while increasing focus on the review criteria, in particular with the HSFP. The Agency has also made a concerted effort to assist applicants in the application process.

3. Regarding the tracking of certificate of need decisions, the Agency has a "tickler" system to notify the Administrator about specific deadlines a provider must meet.

4. The Agency provides education on the CON process to our council members when requested.

5. Expanding the Agency website has improved user access to the certificate of need information (CON). Inclusion of the utilization reports on the Agency website in the form of a searchable database has improved customer satisfaction.

E. Identify all Modifications to your Program's Performance Measures and Discuss the Rationale for the Modifications - None

III. Problems and Issues

A. Discussion of Problems and Issues Encountered if any - None

B. Program Change Recommendations to Remedy Problems - None

C. Identify Any Program Issues or Problems and Corrective Measures/Remedies - None

IV. Projected Expenditures for FY 2007-2008

A. Financial Data

	Act 213/07 Apprn for FY 2008	C/B	Transfer In/(Out)	Net Allc'n	Est. Total Expend.
(pos'n count)	(8.00)				
Personal Services	488,067	17,247		503,314	503,314
Other Current Expenses	867,051			867,051	867,051
	(8.00)			(8.00)	(8.00)
TOTALS	1,355,118	17,247		1,372,365	1,372,365
Less:					
B—Special Fund	578,000			578,000	578,000
(pos'n ct.)	(8.00)			(8.00)	(8.00)
A–General Fund	777,118	17,247		794,365	794,365

B. Narrative

1. **Explanation of transfers within the Program ID and Impact on the Program** None

2. **Explanation of transfers between Program IDs and Impact on the Program** None

3. **Explanation of Restrictions and the Impact on the Program** - None

V. Supplemental Budget Request for FY 2008-09

	Act 213/07 Appropriation	Supplemental Request	Total FY 09 Requirement
(pos'n count)	(8.00)		(8.00)
Personal Services	488,067		488,067
Other Current Expenses	303,051		303,051
TOTALS	791,118		791,118
Less:			
B—Special Fund	114,000		114,000
(pos'n ct.)	(8.00)		(8.00)
A–General Fund	677,118		677,118

A. **Brief Title of Request** - None

VI. **Program Restrictions** - None