

**STATE OF HAWAII  
DEPARTMENT OF HEALTH**

**BRIEFING PRESENTED TO THE  
SENATE COMMITTEE ON WAYS AND MEANS**

**WEDNESDAY, JANUARY 14, 2009  
STATE CAPITOL  
Room 211  
1:30 p.m. -- Completion**

EXECUTIVE BIENNIUM FB 2009-11 BUDGET  
Department of Health

	Prog ID <u>HTH</u>
Department of Health Overview	
Environmental Health	
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Disease Outbreak Control	131
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Family Health Services	560
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Behavior Health	
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Alcohol & Drug Abuse	440
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Behavioral Health Services Administration	495
Developmental Disabilities	501
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**EXECUTIVE BIENNIUM BUDGET OVERVIEW  
DEPARTMENT OF HEALTH  
FB 2009-2011**

Thank you for the opportunity to present the Department of Health's biennium budget request for FB 2009-11. As the Department enters into the second half of FY 2009, it has already experienced the ripple effects of the State's and the Nation's economic downturn. This downturn has created many challenges for the Administration as well as the programs and their contracted service providers. The result of these challenges is an atmosphere of extreme concern, caution, and anxiety. We continue to work diligently to address these challenges by looking at new and innovative ways of doing business, refining existing procedures and operations to achieve more efficient and effective outcomes, and by being proactive in mitigating potential problems.

As the department faces its biggest economic challenge in over a decade, we continue to aggressively plan, strategize, and focus on sustaining essential services in the face of decreasing state revenues.

Recently, in order to address and mitigate the economy's downturn ripple effect on our contracted providers of adult mental health services, we presented a state-wide informational briefing on upcoming changes to inform, prepare, and allow providers to plan accordingly based on the State's current economic situation.

As this economic recession continues, it no longer becomes an environment of "several major challenges" for the department but rather a challenge that impacts and affects every single program and every single employee at all levels of our organization. Programs are tasked with doing more with less and looking at ways of meeting objectives with less funding than in prior years. It is a change in mindset; a paradigm shift that is necessary in order for all to work within the lean economic climate. With this in mind, we will continue to focus our limited resources and energy on maintaining and sustaining the overall health of our state in a more efficient and cost-effective manner.

As such, our biennium budget request reflects our evaluation of both program function and funding. Therefore, the Department's Executive Biennium Budget reflects the consolidations of several divisions within our Department. However, we will be submitting a request shortly for the Governor's consideration of a Governor's Message in order to further clarify and modify our proposed restructuring of the Department.

Our budget proposes changes to reduce our dependence on general funds by identifying other means of financing (MOF) to replace general funds. For example, we are proposing to change the MOF for the Chronic Disease program from general funds to the Tobacco Settlement special funds.

As we have started to receive revenues from the cigarette tax collections pursuant to Act 316/SLH 2006, as amended by Act 102/SLH 2007, the Department is proposing to use the additional revenues for the Emergency Medical Services Special Fund and the Community Health Centers Special Fund for appropriate related costs.

Our programs continue to work closely with our colleagues in other departments, counties and agencies on initiatives that 1) optimize our federal fund and other funds reimbursements to provide more healthcare services; and, 2) improve the health emergency response system of

the state, including potential bioterrorism, natural disasters, and aeromedical, ambulance, and emergency room capabilities.

Our vision remains "Healthy People. Healthy Communities. Healthy Islands." Our prevention programs in our Healthy Hawaii Initiative, supported by the Tobacco Settlement special funds, remain key components in these efforts. Support and resources for our long term care and substance abuse programs is also critical to address the needs of our citizens to return to and remain healthy during their lifetimes. Our efforts to maintain a clean and safe environment are key components of our healthy community and islands.

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

### **Department's Mission Statement**

To monitor, protect, and enhance the health of all people in Hawaii by providing leadership in assessment, policy development, and assurance to promote health and well-being, to preserve a clean, healthy and natural environment, and to assure basic health care for all.

### **Organizational Charts**

The Department's organizational charts and functional statements will be provided electronically to the Committee and its respective Analyst at a later date.

### **Tables 1 – 5**

Tables 1 through 5 are attached. Table 6 is provided within each Operational Budget Narrative by Program ID.

### **Other Sources of Revenue**

At this time, there are no new revenue generating possibilities to report for our department.

As noted above, the Department is proposing to utilize the additional revenues from the cigarette tax collections pursuant to Act 316/SLH 2006, as amended by Act 102/SLH 2007, for the Emergency Medical Services Special Fund and the Community Health Centers Special Fund for appropriate related costs.

### **Operational Budget**

See attached Operational Budgets by Program ID.

## **Capital Improvement Program (CIP) Budget**

### **1. CIP Requests –**

- a. See Attached "Table R", Lump Sum Breakout and,
- b. Form S – Department Summary of Proposed CIP Lapses and New CIP Requests.

### **2. Proposed Lapses of Capital Improvement Projects - None**

- a. **Project Title**
- b. **Act & Year of Project Appropriation(s)(*Include all applicable amendments.*)**
- c. **Amount(s) Requested for Lapse and MOF**
- d. **Justification for Lapsing of Project**

### **Attachments -**

- Attachment 1: Department-Wide Summary Information – See attached.
- Attachment 2: FY 2009 Proposed Emergency Requests – None (See attached).
- Attachment 3: Program ID Totals – See attached.
- Attachment 4: Budget Decisions – See attached.
- Attachment 5: All Positions Vacant as of 12/01/08 (Vacancy Report) will be transmitted electronically to the House Finance Committee and its respective Legislative Analyst as soon as the complete Departmental report is compiled.
- Attachment 6: Federal Fund Expenditures Exceeding Ceiling for FY08 and FY09 to date – See attached.
- Attachment 7: List of Transfers for FY08 and FY09 to date – See attached.
- Attachment 8: CIP Summary – See attached

SEE BELOW FOR								
		SUPPLEMENTAL BUDGET FOR 2009			EXECUTIVE BUDGET FOR FY 2010			
HTH	Program Title	PERM	TEMP	TOTAL	PERM	TEMP	TOTAL	MOF
		118.00	9.00	14,141,483	137.60	10.00	16,441,675	A
100	Communicable Disease Services	16.50	50.50	7,923,827	50.90	115.50	21,142,456	N
		20.60	0.00	1,663,977	0.00	0.00	0	A
131	Disease Outbreak Control	34.40	65.00	12,819,280	0.00	0.00	0	N
141	Dental Diseases	25.00	0.00	1,743,384	0.00	0.00	0	A
		198.50	229.00	82,539,423	198.50	229.00	82,685,947	A
		0.00	0.00	24,832,981	0.00	0.00	24,832,981	B
420	Adult Mental Health -- Outpatient	0.00	5.00	1,643,030	0.00	5.00	1,632,230	N
430	Adult Mental Health -- Inpatient	639.00	53.00	54,259,345	639.00	53.00	56,043,554	A
		22.00	3.00	20,110,201	22.00	3.00	18,752,758	A
		0.00	0.00	300,000	0.00	0.00	1,400,000	B
440	Alcohol and Drug Abuse	6.00	8.50	13,609,867	6.00	8.50	13,609,867	N
		193.50	31.00	45,063,201	193.50	31.00	44,979,932	A
		17.00	6.00	18,636,965	17.00	6.00	18,770,719	B
		0.00	2.25	2,568,019	0.00	2.25	2,568,019	N
460	Child and Adolescent Mental Health	0.00	2.00	2,260,313	0.00	2.00	2,277,206	U
		66.50	48.50	5,239,880	66.50	48.50	7,547,183	A
495	Behavioral Health Administration	0.00	32.40	3,694,999	0.00	32.40	3,557,363	N
		236.75	17.00	71,625,299	236.75	17.00	71,044,760	A
		3.00	0.00	1,025,331	3.00	0.00	1,046,817	B
501	Developmental Disabilities	0.00	0.00	64,264,776	0.00	0.00	64,264,776	U
		5.00	10.50	1,381,468	5.00	10.50	1,441,316	A
		0.00	0.00	10,000	0.00	0.00	10,000	B
520	Disability and Communication Access Board	2.00	0.00	204,812	2.00	0.00	204,812	U
		178.75	5.00	45,109,259	176.75	5.00	28,013,328	A
		9.00	12.00	7,376,539	9.50	12.00	13,187,978	B
		182.50	25.50	42,099,682	182.50	25.50	46,018,585	N
560	Family Health Services	1.00	2.00	3,143,739	0.50	2.00	3,139,907	U
		221.00	1.00	13,547,308	231.00	1.00	16,167,287	A
		0.00	0.00	110,720	0.00	0.00	110,720	B
		11.00	19.00	3,821,823	0.00	10.00	330,113	N
580	Community Health Services	0.00	14.70	1,545,037	0.00	13.20	1,258,226	U
		26.00	2.00	53,847,266	37.00	6.00	57,076,382	B
					11.00	12.00	3,821,823	N
590	Tobacco Settlement	0.00	7.00	4,700,000	0.00	8.50	4,986,811	U
595	Health Resources Administration	2.00	0.00	536,416	2.00	0.00	334,905	A
		139.00	1.00	7,222,501	139.00	1.00	7,194,144	A
		8.00	0.00	991,853	8.00	0.00	1,026,909	B
		6.00	2.00	594,682	6.00	2.00	594,682	N
610	Environmental Health Services	2.00	0.00	98,434	2.00	0.00	107,076	U

HTH	Program Title	SUPPLEMENTAL BUDGET FOR 2009			EXECUTIVE BUDGET FOR FY 2010			MOF
		PERM	TEMP	TOTAL	PERM	TEMP	TOTAL	
710	State Laboratory Services	86.00	0.00	7,164,453	87.00	0.00	6,855,873	A
		0.00	1.00	483,333	0.00	1.00	483,333	N
720	Health Care Assurance	21.70	0.55	1,554,805	21.70	0.55	1,677,680	A
		0.00	0.00	406,000	0.00	0.00	406,000	B
		18.10	1.30	1,632,224	18.10	1.80	1,662,415	N
		0.00	2.15	860,189	0.00	2.65	897,904	U
730	Emergency Medical Services and Injury Prevention System	16.00	1.40	62,365,421	16.00	1.40	62,187,129	A
		0.00	2.00	13,283,155	0.00	2.00	14,478,880	B
		3.00	5.50	1,268,522	3.00	5.50	1,268,522	N
760	Health Status Monitoring	34.00	2.00	1,574,291	34.00	2.00	1,676,821	A
		0.00	2.00	400,037	0.00	2.00	490,527	B
		6.00	0.00	397,214	6.00	0.00	397,214	N
840	Environmental Management	57.00	0.00	3,456,360	57.00	0.00	3,629,536	A
		60.00	2.00	79,816,308	60.00	3.00	80,616,371	B
		46.80	5.00	8,763,269	45.80	5.00	8,808,860	N
		54.20	0.00	164,585,457	55.20	2.00	165,104,952	W
849	Environmental Health Administration	15.00	0.25	969,932	15.00	0.25	1,147,336	A
		0.50	0.00	49,875	0.50	0.00	49,875	B
		14.50	5.75	3,201,314	14.50	5.75	3,201,314	N
		14.00	4.00	3,362,663	14.00	4.00	3,457,278	W
850	Office of Environmental Quality Control	5.00	0.00	319,926	5.00	0.00	343,089	A
904	Executive Office on Aging	3.74	4.35	6,119,214	3.74	4.35	6,062,748	A
		8.01	7.15	7,443,720	8.01	7.15	7,443,720	N
905	Developmental Disabilities Council	1.50	1.00	209,851	1.50	1.00	226,744	A
		6.50	0.00	462,315	6.50	0.00	462,315	N
906	State Health Planning and Development Agency	8.00	0.00	677,118	8.00	0.00	556,641	A
		0.00	0.00	114,000	0.00	0.00	114,000	B
907	General Administration	123.50	10.00	5,956,851	123.50	10.00	8,742,515	A
		0.00	10.00	1,304,909	0.00	10.00	1,304,909	N
<b>TOTALS</b>		<b>2993.05</b>	<b>731.25</b>	<b>1,014,509,846</b>	<b>2,987.05</b>	<b>743.25</b>	<b>1,021,377,748</b>	
<b>BY MOF</b>	<b>A</b>	2437.04	427.55	454,551,367	2420.04	428.55	443,752,901	<b>A</b>
	<b>B</b>	123.50	26.00	201,201,030	135.00	31.00	213,618,159	<b>B</b>
	<b>N</b>	359.31	245.85	113,732,029	358.31	249.35	118,307,740	<b>N</b>
	<b>W</b>	68.20	4.00	167,948,120	69.20	6.00	168,562,230	<b>W</b>
	<b>U</b>	5.00	27.85	77,077,300	4.50	28.35	77,136,718	<b>U</b>
<b>TOTALS</b>		<b>2993.05</b>	<b>731.25</b>	<b>1,014,509,846</b>	<b>2,987.05</b>	<b>743.25</b>	<b>1,021,377,748</b>	

Table 1  
Priority List of Functions

**TABLE 1**

**PRIORITY CODES:**

**Core/Mandated/ Health Safety = 1**

**Priority = 2**

**Others = 3**

<b>HTH</b>	<b>Priority #</b>	<b>Description of Function</b>	<b>Performance Measures</b>	<b>Statutory Reference (HRS, PL, etc.)</b>
<b>HTH 100</b>	1	AIDS Prevention Services	Refer to Table 6 in the Operational Budget Narrative	Chapter 325 HRS, Chapter 156 HAR
	1	Tuberculosis	Refer to Table 6 in the Operational Budget Narrative	Chapters 156, 157, 164 HAR
	1	STD/Prevention Services	Refer to Table 6 in the Operational Budget Narrative	Chapter 156 HAR
	2	Kalaupapa Settlement	Refer to Table 6 in the Operational Budget Narrative	Chapter 326 HRS
	1	Hansen's Disease Control Services	Refer to Table 6 in the Operational Budget Narrative	Chapter 326 HRS, Chapter 156 HAR
	2	Hale Mohalu Hospital	Refer to Table 6 in the Operational Budget Narrative	Chapter 326 HRS
<b>HTH 131</b>	1	Reduce the incidence of infectious diseases among our population and control disease outbreaks or pandemics that may result from naturally occurring exposures or terrorism.	Refer to Table 6 in the Operational Budget Narrative	Chapters 321 & 325, HRS; Public Health Service Act, Sections 301, 317, & 319
	1	Reduce the morbidity and mortality caused by vaccine-preventable diseases through the promotion and distribution of vaccines.	Refer to Table 6 in the Operational Budget Narrative	Chapters 321 & 325, HRS; Public Health Service Act, Section 317
<b>HTH 141</b>	2	Hospital & Community Dental Services -- To reduce the incidence and severity of dental diseases and abnormalities by providing preventive and therapeutic service for patients in State institutions and the community.	Refer to Table 6 in the Operational Budget Narrative	§321-62
	2	Dental Hygiene Services -- To reduce the incidence and severity of dental diseases and abnormalities by providing preventive services, conducting and monitoring educational activities throughout the school system, the community, as well as other health and community agencies.	Refer to Table 6 in the Operational Budget Narrative	§321-62



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<b>HTH 420</b>	1	State Operated Services provide outpatient services, case management services, and rehabilitation services through nine community mental health centers located throughout the State.	Refer to Table 6 in the Operational Budget Narrative	§334-3 and §704-404, HRS
	1	Purchase of Service provides contracted core services in each county including case management and affiliated support services, treatment services, crisis response and affiliated services, housing services, and psychosocial rehabilitation services.	Refer to Table 6 in the Operational Budget Narrative	§334-2.5, §334-3, §334-8, and §334-103, HRS
<b>HTH 430</b>	1	Provides safe integrated, evidence-based psychiatric and interdisciplinary treatment and rehabilitation to individuals suffering from mental illness and co-occurring disorders. Interdisciplinary services, which includes psychiatric, medical, psychological, nursing, social work, occupational therapy, recreational therapy, psychosocial rehabilitation, laboratory, pharmacy, and pastoral care.	Refer to Table 6 in the Operational Budget Narrative	§334-2.5 and §334-103, HRS
	2	Provides support services to the hospital including Business Office, Personnel or Human Resources, Telecommunications and Information Mangement, Volunteer Services, Dietary Services, and Plant Technology and Safety.	Refer to Table 6 in the Operational Budget Narrative	§334-2.5 , §334-3, and §334-103, HRS
	1	Provides quality management services including performance improvement, risk assessment and management, staff development and education, medical records, and patients' rights.	Refer to Table 6 in the Operational Budget Narrative	§334-2.5 and §334-103, HRS

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
HTH 440	1	<p><u>Substance Abuse (SA) Treatment (Tx) Progs</u> provide community-based svcs for individuals in need of assistance in addressing addiction &amp; relapse. Adult SA Tx consists of a continuum of residential, day, intensive outpatient &amp; outpatient treatment, detoxification, &amp; therapeutic living program svcs. Specialized svcs are also provided for pregnant &amp; parenting women; injection drug users; those w/ co-occurring SA use (abuse or dependence) &amp; mental disorders; &amp; offenders. Adolescent SA Tx is a multi-disciplinary effort. The focus is on developing attitudes, motivation, knowledge &amp; skills to bring about harm reduction, abstinence &amp; change - including physical, psychological, social, familial &amp; spiritual aspects. Svcs also address relapse issues &amp; help to develop coping skills to prevent or interrupt dependence &amp; relapse. Part of the core continuum of care needed for adolescents is early identification followed by early Tx. Tx svcs for adolescents are provided via school-based &amp; community-based outpatient progs.</p>	<p>Performance outcomes for SA Tx svcs are collected for the following nat'l outcome measures: abstinence from drug/alcohol use; reduction in/no change in frequency of use at date of last svc compared to date of first svc; increased/retained employment or return to/stay in school; increase in/no change in # of employed or in school at date of last svc compared to first svc; decreased criminal justice involvement; reduction in/no change in # of arrests in past 30 days from date of first svc to date of last svc; increased stability in housing; Increase in/no change in # of clients in stable housing situation from date of first svc to date of last svc; increased access to svcs (svc capacity); unduplicated count of persons served; penetration rate - #s served compared to those in need; increased retention in Tx; &amp; length of stay from date of first svc to date of last svc.</p>	<p>Part XVI of Chapter 321, HRS</p>

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	1	<p><u>Substance Abuse (SA) Prevention (Prev) Svcs</u> focuses on community-based svcs for high-risk youth &amp; their families including: underage drinking prev initiatives; prev of misused &amp; abused prescription svcs by the elderly; parenting education to teach skills to keep children alcohol &amp; drug free; tobacco control inspections &amp; enforcement operations (i.e., "stings"); enforcement of underage drinking laws; &amp; maintenance of a SA prev resource center that provides community awareness activities, TA to svc organizations &amp; disseminates info regarding the SA abuse field.</p>	<p>Performance outcomes for SA prev svcs are collected for the following nat'l outcome measures: abstinence from drug/alcohol use; 30-day substance use (non use/reduction in use); perceived risk/harm of use; age of first use; perception of disapproval/attitude; increased/retained employment or return to/stay in sch; perception of workplace policy; alcohol, tobacco &amp; other drug (ATOD) related suspensions &amp; expulsions; attendance &amp; enrollment; decreased criminal justice involvement; alcohol-related car crashes &amp; injuries; alcohol &amp; drug-related crime; increased social supports/social connectedness; family communication around drug use; increased access to svcs (svc capacity); # of persons served by age, gender, race &amp; ethnicity; total # of evidence-based progs &amp; strategies; %age youth seeing, reading, watching or listening to a prev message; cost effectiveness (average cost); svcs provided w/in cost bands; use of evidence-based practices; &amp; total # of evidence-based strategies.</p>	<p>Part XVI of Chapter 321, HRS</p>
HTH 460	1	<p><b>Clinical Services:</b> CAMHD is the state's public mental health agency for children, youth and their families. CAMHD provides a comprehensive array of mental health services and supports for children and youth (ages 3-21 years) with the most challenging emotional and behavioral need, and their families. Services are provided using the most current evidence-based and cost-effective approaches possible. The services provided by CAMHD fall under the following areas: Emergency Public Mental Health Services; Educationally Supportive Intensive Mental Health Services; Support for Emotional and Behavioral Development (SEBD) Program Services, and youth that fall into the Mental Health Only category.</p>	<p>Refer to Table 6 in the Operational Budget Narrative</p>	<p>Chapter 321 &amp; 334, HRS</p>

Table 1  
Priority List of Functions

TABLE 1

**PRIORITY CODES:**

**Core/Mandated/ Health Safety = 1**

**Priority = 2**

**Others = 3**

HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	1,2	<p><b>Case Management and Administrative Support:</b> CAMHD provides intensive mental health services through an integrated network of services and supports, managed through a public-private partnerships consisting of contracted community-based agencies and state managed, community-based Family Guidance Centers with administrative and performance oversight functions. CAMHD's Administrative, Clinical Services and Performance Management units help coordinate the work of the Division and ensure performance of timely, cost-effective services that ultimately improve the lives of children, youth and families served. CAMHD uses performance measures throughout its program to measure quality and performance and to align organizational goals with achieving results in core areas of service provision and supporting infrastructure.</p>	Refer to Table 6 in the Operational Budget Narrative	

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**Core/Mandated/ Health Safety = 1**

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<b>HTH</b>	<b>Priority #</b>	<b>Description of Function</b>	<b>Performance Measures</b>	<b>Statutory Reference (HRS, PL, etc.)</b>
<b>HTH 495</b>	2	Clinical Support and Oversight develops standards for the Adult Mental Health Division's (AMHD) service array, develops scopes of services for contracted services, reviews and authorizes services based on medical necessity criteria, provides clinical case consultation and technical assistance to AMHD funded providers, and monitors the quality of AMHD funded services for adequacy and appropriateness of care.	Refer to Table 6 in the Operational Budget Narrative	§334-2.5, §334-3, and §334-8, HRS
	2	Administrative Support and Oversight provides support and oversight in the areas of AMHD leadership, fiscal management, personnel management, contract management, information systems, provider relations, and business compliance.	Refer to Table 6 in the Operational Budget Narrative	§334-2.5, §334-3, and §334-8, HRS
	2	The Access Line provides access to AMHD services through a 24 hour a day, 7 days per week telephone access program.	Refer to Table 6 in the Operational Budget Narrative	§334-3, HRS
	2	Federal Grant Activities implements activities related to various federal grants.	Refer to Table 6 in the Operational Budget Narrative	§334-7, HRS
<b>HTH 501</b>	1	Case Management: Hawaii Revised Statutes authorizes the Developmental Disabilities Division (DDD) to develop, lead, administer, coordinate, monitor, evaluate, and set direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation. In providing a comprehensive system of supports, the DDD plans, develops and operates a statewide case management system to ensure the integration and adjustment of individuals with DD/MR in the community to live in a less restrictive environment and prevent or divert placement into more expensive settings.  The majority of services are provided through the Home & Community-Based Services (HCBS) Medicaid waiver program. The DD/MR waiver program is authorized under a waiver granted by the Centers for Medicare & Medicaid Services. DDD is the lead agency that operates and manages the waiver through a Memorandum of Agreement with the Department of Human Services.	% of persons receiving Developmental Disabilities Services	HRS 333F-2

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
		Activities of case managers include conducting assessments for admission and reassessments to continually determine service needs, coordination of care and services with the recipient, family members, guardians, caregivers, service providers and health professionals in accordance with the participant's individual service plan.		
	1	<p>DD/MR Home &amp; Community-Based Waiver Program: The DD/MR HCBS waiver program operates under a waiver granted by the Centers for Medicare &amp; Medicaid Services (CMS). The Department of Human Services (DHS), which is the State's Medicaid Agency, administers the waiver while DDD operates and manages the program under a Memorandum of Agreement with DHS. This program is an essential component in the DD Division's mandate to provide services to persons with developmental disabilities. The HCBS waiver program is able to provide an array of services to Medicaid-eligible individuals who are determined to require ICF-MR level of care but reside in less restrictive environments in the community. Services included in the waiver program include skilled nursing services, personal care services, adult day health, residential habilitation, specialized equipment, training and consultation, and chore services. DOH is able to maximize its State general funds to operate the program and obtain a federal match of at least 55% for program services.</p> <p>The waiver program is the primary resource utilized to provide services to the developmentally disabled with the goal of integration of the population into the community as required by State Statute.</p>	% of persons receiving Developmental Disabilities Services	HRS 333F-2
	1	Certification of Adult Foster Homes: The responsibility to certify and recertify adult foster homes is a priority for DOH as it ensures enforcement of licensing standards for foster homes and provides for a safe and healthy environment for individuals with developmental disabilities, prevents homelessness among the developmentally disabled, and allows for this population to be eligible to receive additional financial support through Social Security, Supplemental Security Income and Domiciliary Care payments. Without the availability of these homes it would make it difficult to place individuals in need of a safe home where they can get needed services and support and would result in these individuals going into more expensive institutional beds (acute, State		

Table 1  
Priority List of Functions

**TABLE 1**

**PRIORITY CODES:**

**Core/Mandated/ Health Safety = 1**

**Priority = 2**

**Others = 3**

HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
		Hospital, psychiatric).		
	1	Crisis Network (Purchase of Service Contract): This contract, in place since September 2006, provides appropriate preventive crisis services as well as crisis residential options and is critical to supporting family/caregivers on a statewide basis. Due to the closure of Waimano and the continued needs of the DD/MR population, the contractor is responsible for building a crisis prevention network of providers to provide training and consultation, crisis/emergency outreach and, most importantly, establishment of crisis homes for adults needing temporary placement due to behavioral issues which the family/caregiver is unable to provide, and provision of short-term residential services for children who require out-of-home placement for similar reasons.		
	2	Developmental Disabilities Division Administration: The Administration is responsible for overseeing the overall operations for the Division as it relates to budgeting, personnel, coordination of legislation, facilities maintenance for the Waimano grounds/buildings, case management services, monitoring of contractors to ensure quality of care, and providing direction for the programs and services provided to the DD/MR population. The Administration provides organized direction and guidance for the operation of all programs under the Division as well as ensuring expenditures are within allocations.		
	1	ICF-MR Services: The ICF-MR beds serve an important purpose in providing a placement for individuals who cannot be supported safely in a less restrictive environment and/or have behavioral issues that require more intensive services and 24 hour/7 days a week coverage.		
<b>HTH 520</b>	2	Parking for Persons with Disabilities	Number of Permits Issued	P.L. 100-641, HRS 291 Part III, HRS 348F
	2	Facility Access for Persons with Disabilities	Number of Documents Reviewed, Number of Interpretive Opinions, Number of Site Specific Alternate Designs, Number of FAX Technical Assistance Requests, Number of Trainings Conducted	P.L. 101-336, HRS 103-50, HRS 348F

Table 1  
Priority List of Functions

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**PRIORITY CODES:**

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**Others = 3**

HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	2	ADA Implementation & Disability Policy Analysis	Number of Policy Recommendations, Number of Information & Referral Requests, Number of Technical Assistance Requests, Number of Interpreters Credentialed, Number of Trainings Conducted	P.L. 101-336, HRS 348F
	2	Special Parent Information Network	Number of Parent Information Requests, Number of Training Sessions	P.L. 94-142



Table 1  
Priority List of Functions

TABLE 1

**PRIORITY CODES:**

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
HTH 560	2	<u>Newborn Metabolic Screening Program (NBMSP)</u> which assures that all infants born in Hawaii are satisfactorily screened for 31 disorders which may have serious consequences such as mental retardation or death if not identified and treated early and was established by HRS §321-291	Refer to Table 6	HRS §321-291
	1	<u>Hawaii Birth Defects Program (HBDP)</u> provides population-based surveillance to collect 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; provides the core function of basic public health surveillance of at-risk populations.	Refer to Table 6	HRS §321-421 to 426
	1	<u>Early Intervention (EI) Services</u> are federally mandated under Part C of the Individuals with Disabilities Education Act (IDEA), with its primary function and responsibility is to assure the provision of statewide early intervention services for children age 0-3 years that are developmentally delayed, biologically at risk, or environmentally at risk.	Refer to Table 6	IDEA, Part C (PL 108-446); HRS §321-351 to 357
	2	<u>Hawaii Healthy Start Program</u> is a statewide, voluntary home visiting program that promotes family strengthening, child health and safety, and positive parent-child relationships. The program consists of two major components, Early Identification (EID) and Home Visiting (HV) services to the environmentally at risk class under Part C of IDEA.	Refer to Table 6	HRS §321-341 through HRS §321-346
	2	<u>Title V of the Social Security Act</u> mandates to promote and protect the health and well being of women and children. Requires each State to report on a core set of 38 performance and outcome measures, and health systems capacity and health status indicators; provides for private-public systems building to assure a system or monitoring, prevention and treatment of risk and adverse health outcomes.	Refer to Table 6	

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Priority List of Functions

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	2	<u>MCH Block Grant</u> (Note that there is a "maintenance of effort" requirement that the level of funds provided by the State for its maternal & child health programs be at a level at least equal to the level provided in FY 1989) by providing formula based funding that is to be used as described in the State's needs assessment which identifies (consistent with the health status goals and national health objectives) the need for: a) preventive and primary care services for pregnant women, mothers and infants up to age one year; b) preventive and primary care services for children; and c) family-centered, community-based services for children with special health care needs and their families. (This amount is the Title V BG total and may also be included below in the percentages of some programs below as this funding spans many of the programs in the Children with Special Health Needs and Maternal & Child Health Branches.)	Refer to Table 6	
	2	<u>Pregnancy Risk Assessment Monitoring System (PRAMS)</u>	Refer to Table 6	
	2	<u>Domestic Violence Fatality Review (DVFR)</u>	Refer to Table 6	HRS §321-471 through HRS §321-476
	2	<u>Fetal Alcohol Spectrum Disorder (FASD):</u> To reduce the incidence and prevalence of FASD thru public awareness, professional education, early identification and referral to appropriate services.	Refer to Table 6	
	2	<u>Primary Care:</u> Federally funded program to determine health care needs of the population and to complete applications for designations of medically needy populations, and underserved populations. Such designations will permit community health centers to apply for much needed federal funds to serve high risk populations.	Refer to Table 6	
	1	<u>Genetics</u> program develops statewide genetics activities in coordination with other public/private organizations; assesses genetic needs and develops policies and programs to meet the needs; promotes the prevention, detection, and treatment of genetic disorders; and provides genetics education for the professional and lay communities.	Refer to Table 6	

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	1	Children with Special Health Needs (CSHN). Provides assistance annually to approximately 1,200 children with special health needs age 0-21 years with access to medical specialty and other services which otherwise are not accessible or affordable (safety net). This program is established by HRS §321-51 to 54	Refer to Table 6	HRS §321-51-54
	2	Perinatal Program	Refer to Table 6	
	2	Family Planning Services: Decrease unintended and teen pregnancy rates, (associated with multiple social, emotional, economic hardship) and related risk factors (STD), which can result in infertility and lifelong reproductive health cost.	Refer to Table 6	
	1	Preschool Developmental Screening Program (PDSP) provides and promotes the screening and identification of developmental/ behavioral problems for children age 3-5 years to determine eligibility for IDEA Part B services.	Refer to Table 6	
	2	Community Based Child Abuse Prevention (CBCAP)	Refer to Table 6	
	2	Parenting Support Program (PSP)	Refer to Table 6	
	2	BabySAFE	Refer to Table 6	
	2	WIC Services Program: To provide healthy nutritious supplemental foods to low-income WIC participants at nutritional or medical risk. To provide nutrition education, breastfeeding promotion and support and referrals to healthcare and community services to low-income WIC participants at nutritional or medical risk. To improve the well-being of WIC women, infants and children during critical times of growth and development.	Refer to Table 6	
	2	Sexual Violence Prevention	Refer to Table 6	
	2	Comprehensive Health Services (formerly subsidies): Subsidies to health centers for services to the uninsured.	Refer to Table 6	

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Priority List of Functions

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	2	Abstinence based education to prevent teen pregnancy.	Refer to Table 6	
HTH 580	1	Public health nursing services as performed by the Public Health Nursing Branch	Refer to Table 6	HRS §§ 321-1.7, 321-431 to -432; Act 51/07; US Federal HIPAA Statute.
	2	Administrative services as performed by Community Health Division	Refer to Table 6	
	1	Bilingual health services	Refer to Table 6	HRS §§ 321-301 & 371-33; <i>Mangrobang v. Yuen</i> court settlement
	2	Chronic disease mgmt & control svcs as performed by the Chronic Disease Mgmt & Control Branch	Refer to Table 6	HRS §§ 321-31, 321-41, 321-81 to -82, 321-301 & Chap 328J, HRS.
HTH 590	2	Tobacco Settlement Special Fund to department to promote healthy behaviors and reduce chronic disease through primary prevention risk areas of nutrition, physical activity and tobacco control, including addressing health disparity. Administer the Tobacco Settlement Special Fund per HRS§328L-2 to separate allocations. Of the TSSF (B fund) 24.5% transfers to emergency & budget reserve fund; 12.5% transfers to tobacco prevention and control trust fund; 28% transfers to university revenue-undertakings fund; 35% to DOH (up to 10% to DHS for childrens' health insurance program and remainder to DOH for health promotion and disease prevention programs).	By 2020 reduce: coronary heart disease to no more than 166 per 100,000; stroke deaths to no more than 48 per 100,000; incidence to type 2 diabetes to no more than 300 per 100,000; incidence of colorectal cancer to no more than 44 per 100,000; increase the proportion of adults at healthy weight to 60%; increase the proportion of youth at healthy weight to 85%. By 2020 behavioral change: increase proportion of adults who consume at least 5 daily servings of veg & fruits to 30%; increase proportion of youth who consume at least 5 servings of veg & fruits to 25%; increase proportion of adults who meet recommended levels of physical activity to 60%; reduce proportion of adults who do not engage in leisure time p.a. to 10%; increase proportion of youth who meet recommended level of p.a. to 75%; decrease prevalence of smoking among adults to less than 15%; decrease smoking among high school students to less than 13%.	HRS §§ 328L-2 & -4

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Priority List of Functions

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<b>HTH</b>	<b>Priority #</b>	<b>Description of Function</b>	<b>Performance Measures</b>	<b>Statutory Reference (HRS, PL, etc.)</b>
	2	Food Stamp Nutrition Education (FNSE) program now called Supplemental Nutrition Assistance Program education (SNAPed) by USDA to provide nutrition education to supplemental nutrition assistance eligible population. USDA reimburses for allowable expenditures for nutrition education.	By 2010 in SNAP eligible population increase: by 4% adult knowledge of veg & fruit recommendations; by 4% adult motivation to eat veg & fruits; by 4% adult perception in benefits of veg & fruit consumption	
<b>HTH 595</b>	2	Provide oversight to five divisions, Communicable Disease, Community Health, Dental Health, Disease Outbreak Control, and Family Health Services, as well as one branch, Emergency Medical Services and Injury Prevention System	Refer to Table 6	Chapter 321, HRS
	2	Provide respite services for the families/caregivers of early intervention, developmental disability, and mental health clients	Refer to Table 6	Chapters 321 & 333F, HRS; Act 324, SLH 1990

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Priority List of Functions

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
HTH 610	2	Establishes broad program policies and oversees the management of the Food and Drug, Indoor and Radiological Health, Sanitation, and Vector Control branches. HTH 610 FL	Statewide programs for Sanitation, Vector Control, Food and Drug, Radiation Control, Noise Control, Indoor Air Quality, Air Conditioning and Ventilation, Asbestos and Lead are implemented and maintained.	HRS 321, 322,328, 329, 330, 339, 342F Noise Pollution, 342P Asbestos and Lead; HAR Title 11, Chapters 11 Sanitation, 12 Food Service and Food Establishments, 13 Swimming Pools,14 Housing, 15 Milk, 16 Recreational Trailer Camps, 17 Tattoo Artists, 18 Licensing for Sanitarians, 22 Mortuaries, Cemeteries, Embalmers etc, 26 Vector Control, 29 Food and Food Products, 30 Frozen Desserts, 34 Poisons, 35 Shellfish Sanitation, 39 Air Conditioning and Ventilation, 45 radiation Control, 46 Community Noise Control, 44 Radiologic Technology Board, 41 Lead-Based Paint Activities, 501 Asbestos-Containing Materials in Schools,

Table 1  
Priority List of Functions

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**PRIORITY CODES:**

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<b>HTH</b>	<b>Priority #</b>	<b>Description of Function</b>	<b>Performance Measures</b>	<b>Statutory Reference (HRS, PL, etc.)</b>
	1	Prevention of food borne illnesses by inspecting food establishments (e.g. restaurants, food service establishments) and the prevention of communicable diseases through non-food establishments and businesses (e.g. swimming pools, health care facilities, tattoo shops, etc.) - HTH 610FQ	Percentage of food establishments that meet standards.	HRS 321, HRS 322, HAR 11-10, HAR 11-12, HAR 11-15, HAR 11-117, HAR 11-22
	1	Prevention of illnesses and injury to consumers from adulterated and/or contaminated food products by conducting food safety inspections, responding to consumer complaints, and sampling (e.g. food manufacturers, food distributors) - HTH 610FP	Percentage of food products that are analyzed to not be adulterated.	HRS 321, 328, 328E, 330, 330C; HAR 11-29, HAR 11-34, HAR 11-35, HAR 11-36
	1	Environ Hlth - Radiation - Implements radiological response operations and radiological health inspections.	Percentage of schools in compliance with asbestos standards; Percentage of radiation facilities in compliance	HRS, 321-11(3), HRS 321-11(21), HRS 321-411. 412. 413. HRS 339k, HRS 342F, HRS 342P42P, HRS 466J; HAR 11-39, HAR 11-41, HAR 11-44, HAR 11-44, HAR 11-45, HAR 11-46, HAR 11-47, HAR 11-501 -504
	1	Environ Hlth - Noise - Respond to community noise complaints, and conduct inspections of excessive noise; implement community noise permit & variance program - The noise section also staffs radiation emergency response.	Percentage of noise permits in compliance;	
	1	Environ Hlth - Indoor Air - Prevention of illnesses and injuries from inadequate performance of air conditioning and ventilation systems; and from poor indoor air quality. HTH 610FR		
	1	Minimize deaths, illnesses and annoyances caused by vectors - HTH 610FN	Percentage of small mammals trapped and tested for vector borne diseases; percentage of mosquito breeding sites treated.	HRS 321, HRS 322, HAR 11-26
<b>HTH 710</b>	1	Public Health Microbiology Laboratory Services – Provides public health diagnostic, consultative, reference, surveillance, and research laboratory services for the detection and control of communicable diseases.	Refer to Table "6" in the Operational Budget Narrative	HRS §321-161
	1	Public Health Environmental Analytical Services – Provides environmental and public health chemistry and microbiology analytical services to insure the quality or detect pollution of air, drinking water, recreational waters, food, dairy products, and shellfish.	Refer to Table "6" in the Operational Budget Narrative	HRS §321-161

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Priority List of Functions

**TABLE 1**

**PRIORITY CODES:**

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<b>HTH</b>	<b>Priority #</b>	<b>Description of Function</b>	<b>Performance Measures</b>	<b>Statutory Reference (HRS, PL, etc.)</b>
	2	Administration – Carries out the administrative, personnel, fiscal activities of the Division and provides clerical services to the Chief and division staff. Responsible for the maintenance and operations of the laboratory facility. Responsible for microbial analyses of threat agents in food and our food supply, to provide diagnostic support in response to outbreak, and to perform laboratory analyses in support of food security and surveillance activities. Prepares microbiological media and reagents; decontaminates infectious waste and waste glassware	Refer to Table "6" in the Operational Budget Narrative	HRS §321-161
<b>HTH 720</b>	2	Promulgate state administrative rules, update/amend as necessary relating to mandatory state licensing and federal survey and certification regulations for Medicare/Medicaid reimbursement programs.	Refer to Table "6" in the Operational Budget Narrative	HRS Chapter 321 and U.S. Social Security Act Sections 1864 and 1874
	2	Conduct on-site inspections of settings in the community, statewide and the Pacific area (American Samoa, Guam and Saipan) for compliance with mandatory state licensing and federal survey and certification regulations for Medicare/Medicaid reimbursement programs. Investigate all complaints related to settings and program under our state licensure and federal survey and certification jurisdiction.	Refer to Table "6" in the Operational Budget Narrative	HRS Chapter 321 and U.S. Social Security Act Sections 1864 and 1874
	2	Provide consultation as appropriate to both providers of care and participants in community planning efforts.	Refer to Table "6" in the Operational Budget Narrative	HRS Chapter 321 and U.S. Social Security Act Sections 1864 and 1874
	2	Provide training as required/mandated by both state and federal regulations.	Refer to Table "6" in the Operational Budget Narrative	HRS Chapter 321 and U.S. Social Security Act Sections 1864 and 1874



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Priority List of Functions

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	2	Activities relating to infrastructure work force development.	Refer to Table "6" in the Operational Budget Narrative	HRS Chapter 321 and U.S. Social Security Act Sections 1864 and 1874
HTH 730	1	911 Statewide Ambulance Services. The DOH has statutory responsibility for the implementation and maintenance of an Emergency Medical Services System that provides ground ambulance and rotorwing response to 911 health emergencies. System components include transportation, communication, manpower, training, facilities, coordination with public safety agencies, standardized medical recordkeeping, disaster planning, access to care and public information.	Refer to Table "6" in the Operational Budget Narrative	§321-221 to 235.
	1	Statewide Injury Prevention Program. Provides core public health functions for injury prevention and control including surveillance and reporting of many types of injuries, development and support of needed policies, regulations and legislation, education and training activities for the public and professionals.	Refer to Table "6" in the Operational Budget Narrative	§321-221 to 235.
	1	Statewide Trauma System Development. The DOH is charged with development and operation of a comprehensive state trauma system. A comprehensive trauma system is defined as a coordinated integrated system providing a spectrum of medical care throughout the State which includes hospitals with successive levels of advanced capabilities for trauma care in accordance with nationally accepted standards.	Refer to Table "6" in the Operational Budget Narrative	§321-221 to 235.
	2	Administration. Administration of the EMSIPSB provides for assessment, planning, policy development, contract monitoring and fiscal oversight, collection of ambulance fees, analysis, performance improvement, evaluation, quality assurance, disaster planning, coordination with other agencies, consumer participation, public and professional education, ambulance standards and licensure, relevant legislation and administrative rules.	Refer to Table "6" in the Operational Budget Narrative	§321-221 to 235.

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
HTH 760	2	Register/Issue Vital Records: Operate and maintain a statewide system of public health statistics including the collection, filing, amending and issuing of certified copies of birth, death, and marriage records. The Department of Health is statutorily mandated to register all vital events occurring in the state including births, deaths, and marriages. Timely registration of vital events and issuance on demand of certified copies permit the public to meet personal, legal, and business requirements for these records.	Measures of effectiveness include registration of events within 7 days of occurrence, and issuance of certified copies within 10 working days of request.	HRS §338
	2	Provide Health and Vital Statistics to Government Agencies: 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 for the Federal, State, and County government agencies. The Federal government requires the State of Hawaii's vital and health statistics to combine them with the other 49 state to produce national vital and health statistics. State and County government agencies need these "vital statistics" to monitor the health and welfare of the population and to plan and allocate resources and public services.	Measures of effectiveness include meeting federal data quality standards (an error rate of less than 5 percent) and providing data and statistical verifications (once the complete data set is finalized) within 10 working days of request or as stated in a contract or memorandum of agreement.	

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	2	<p>Conduct Statewide Health Surveillance: The monitoring (assessment) fo the health status of Hawaii residents to identify community health problems is first among ten essential public health services of a state health department. Assessment is one of the three core functions of the Hawaii Department of Health. Conducting a statewide health surveillance program based on interviews of a random sample of households, collecting demograpihic, socio-economic, disease, illness, disability, and access to care including health insurance, and utilizing data collected on vital records is key to monitoring and assessing the health of the population.</p>	<p>The effectiveness of assessing the health status of Hawaii's people through population-based sample surveys is measured using industry standards such as the Survey Efficiency Rates (SER) and council of american survey Research Organizations (CASRO) response rates.</p>	

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
HTH 840	2	Administers and manages the statewide functions and activities of the Clean Air, Clean Water, Safe Drinking Water, Solid Waste and Hazardous Waste, and Wastewater branches.	Implements and maintains statewide programs for Air Pollution Control, Water Pollution Control, Safe Drinking Water, Solid Waste Management, Wastewater Management through federal and State compliance.	Clean Air Act, Clean Water Act, Safe Drinking Water Act, and Resource Conservation and Recovery Act, and State programs to enforce HRS Chapters 321-11(21), 321 Part IV, 339K, 340A, 340E and 342, and HAR Title 11, Chapters 11-19, Emergency Plan for Safe Drinking Water, 11-20 Potable Water, 11-21 Cross Connection and Backflow Control, 11-23 Underground Injection Control, 11-54 Water Quality Standards, 11-55 Water Pollution Control, 11-57 Sewage Treatment, 11-58 Solid Waste Management Control, 11-59 Ambient Air Quality Standards, 11-60 Air Pollution Control, and 11-61

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	1	Protect Hawaii's ambient air quality.	Percent of covered sources in compliance.	Clean Air Act, HRS 342B Air Pollution Control, 342 C Olayer Protection; HAR Title 11-59 Ambient Air quality Standards, 11-60 Air Pollution Control
	1	Implement wastewater system and clean water SRF programs.	Plans reviewed, approved and loans executed.	HRS 11-62 Wastewater Systems
	1	Protect Hawaii's surface waters.	Percent of dischargers in compliance.	PL 95-217 Clean Water Act; HRS 342 D, 342 E; HAR 11-54 Water Quality Standards, 11-55 Water Pollution Control

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**Priority = 2**

**Others = 3**

HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	1	Administer safe drinking water and drinking water SRF programs.	Percent of water purveyors in compliance.	Safe Drinking Water Act; HRS 340 E Safe Drinking Water, 340 F Hawaii Law for Mandatory Certification of Operating Personnel in Water Treatment Plants; HAR 11-19 Emergency Plan for Safe drinking Water, 11-20 Rules Relating to Potable Water Systems, 11-21 Cross-Connection and Backflow Control, 11-23 Underground Injection Control, 11-25 Rules Relating to Certification of Public Water System Operators, 11-65 Environmental State Revolving Funds

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	1	Protect public, private lands from solid waste contamination.	Percent of facilities and tanks in compliance.	PL 94-580 Resource Conservation and Recovery Act as amended; HRS 342 G, H, I, J, L, N; HAR 11-58-1 Solid Waste Management Control, 11-260, 261, 262, 263, 264, 265, 266, 268, 270, 271, 279, and 280 Solid Waste Management
HTH 849	2	Office of the Deputy Director for Env. Health Administration: Plan, direct and provide leadership for EHA in attaining its mission to ensure health/safety in environmental protection and prevention.	Leadership and policy development	Budget Act
	2	Environmental Resources Office : Plan, direct and review all fiscal planning /budgeting/personnel functions coordinated with departmental policies and other State Agencies; ensures accuracy for all budget/fiscal/personnel resources for EHA to operate with efficacy; esnures compliance to Federal and State laws/regulations/policies.	Full compliance for laws/regs and no audit issues	Budget Act
	2	Water Quality/Total Maximum Daily Load: conduct research, fact finding and intepretation for development of new long-range water quality management plans for surface and shallow groundwater using watersheds; major components include Total Maximum Daily Load (TMDL) planning and development methods for rapid biological assesements of surface waters for water quality evaluation; TMDL critical for improving inland and coastal water quality in Hawaii with full EPA funding; TMDL provides waste load allocations for use of permits by DOH to prevent further contamination of Hawaii surface waters with development of efficient and cost effective means of evaluating surface water quality.		Budget Act

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	2	Strategic Planning/Legislation Coordination: Support Deputy Director for Env. Health with long-range environmental planning, new program development, program evaluation, developing/coordinating environmental program policies/strategies, public outreach/education, multiple agency coordination, legislation and legislative coordination; provides reports on Indicators of Environmental Quality.		Budget Act
	2	Geographic Information System Support: provide for the management systems administration for use in environmental planning, cartographic and spatial data analysis, creation of maps and reports for EHA; function critical for environmental planning/emergency preparedness in data layers for medical facilities/population in need to assist DOH's Operations Center.		Budget Act
	1	Emergency Preparedness and Response for Chemical and Petroleum Releases to the Environment	variance report measures of effectiveness. % of spills responses/clean ups investigated, % of complete chemical inventories reported, # of oil/chemical/hazardous material spills, # of known facilities required to report chemical inventories, # of persons affected by, or inquiring about environmental hazards, # of oil/chemical hazardous materials spills investigated, # of facilities reporting complete chemical inventories.	128D, HRS
	1	Hazard Evaluation of Exposure to Hazardous Substances in the Environment	variance report measures of effectiveness. % of target group that have been assisted, # of persons affected by, or inquiring about environmental hazards, # of investigations or responses of environmental illness or injury.	128D, HRS
	1	Site Discovery, Assessment, and Response for Near and Long-term Threat of Sites Contaminated with Hazardous Substances	variance report measures of effectiveness. % of target group that have been assisted, # of oil/chemical/hazardous material spills, # of persons affected by, or inquiring about environmental hazards, # of oil/hazarous material spills investigated.	128D, HRS



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**TABLE 1**

**PRIORITY CODES:**

**Core/Mandated/ Health Safety = 1**

**Priority = 2**

**Others = 3**

<u>HTH</u>	<u>Priority #</u>	<u>Description of Function</u>	<u>Performance Measures</u>	<u>Statutory Reference (HRS, PL, etc.)</u>
<b>HTH 850</b>	3	Field reviews of minor projects that need to be reviewed for State, County and private sector to determine EA and/or EIS status and potential Environmental impacts: i.e. cumulative impacts, secondary impacts, and cultural impacts. Review all environmental assessments and impact statements for completeness; notify the public of their availability for review and comment in the bi-monthly publication The Environmental Notice.		Chapter 341 and 343, HRS and Chapter 11-200, HAR
	3	Educate community and agencies about environmental issues. OEQC is responsible for the development of a review process to analyze the potential project cumulative impacts, secondary impacts, cultural impacts and HRS Chapter 343 training sessions. Maintain an up-to-date website resource library of environmental assessments and impact statements for use by developers, agencies, students, and the public.		Chapter 341 and 343, HRS and Chapter 11-200, Hawaii Administrative Rules
	3	Represent the Governor when necessary. The director shall have such powers delegated by the governor as are necessary to coordinate and, when requested by the governor, to direct all state governmental agencies in matters concerning environmental quality, pursuant to Chapter 91, HRS. Serve the governor in an advisory capacity on all matters relating to environmental quality control. Encourage public acceptance of proposed legislative and administrative actions concerning and improve the streamlining of communications between the public, and other agencies.		Chapter 341, HRS
	3	The director shall have such powers delegated by the governor as are necessary to coordinate and, when requested by the governor, to direct all state governmental agencies in matters concerning environmental quality, pursuant to Chapter 91, HRS. Serve the governor in an advisory capacity on all matters relating to environmental quality control. Encourage public acceptance of proposed legislative and administrative actions concerning and improve the streamlining of communications between the public, and other agencies.		Chapter 341, HRS

Table 1  
Priority List of Functions

TABLE 1

**PRIORITY CODES:**

Core/Mandated/ Health Safety = 1

Priority = 2

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
HTH 904	3	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.		HRS 349
	3	To enhance the effectiveness and efficiency with which the objectives of the Social Services Program are achieved by producing executive direction, program planning and analysis and other program support and administrative services.		HRS 349
HTH 905	3	Advocacy, capacity building and systemic change activities		PL 106-402
	3	Planning, evaluation, monitoring and reporting		HRS, Section 333E
HTH 906	3	Administration of Certificate of Need (CON) Process Maintaining an Agency website that gives information on applying for a CON on as well as listing of CON application decisions; Review of applications for completeness; Working with applicants to obtain a completed application; Development of staff reports regarding applications when required, Setting up public meetings with subarea health planning councils (SAC), Con Review Panel (CONRP) and Statewide Health Coordinating Council (SHCC) to hear CON application requests; Providing public notice of meetings to hear CON applications; Serving as staff to SAC, CONRP and SHCC during regulatory meetings on CON applications; Serving as staff to SAC, CONRP and SHCC during regulatory meetings on CON applications; For CON applications only requiring administrative review, conduct public meeting to hear CON applications when requested; Issuing Administrator's decision regarding CON applications.	% Certificate Of Need (CON) Applications Documenting Relationship to Health Services & Facilities Plan (HSFP); % of CON Applications Approved Based On Findings Relationship to HSFP	323D-1
	3	Organizing and providing staff support to six subarea health planning councils (SAC) and the State Health Coordinating Council	% Statewide Health Coordinating Council (SHCC) mtg time spent on reviewing/recommendation on CON applications; % SHCC mtg time spent on reviewing/revising approval of HSFP; % subarea health planning council (SAC) mtg time spent on reviewing/recommending approval on CON applications	323D-21

Table 1  
Priority List of Functions

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**PRIORITY CODES:**

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<b>HTH</b>	<b>Priority #</b>	<b>Description of Function</b>	<b>Performance Measures</b>	<b>Statutory Reference (HRS, PL, etc.)</b>
	3	Development of the State Health Services and Facilities Plan. The SHCC establishes a subcommittee, the Plan Development Committee (PDC) to research and write the plan; The SHCC establishes a subcommittee, the Plan Development Committee (PDC) to research and write the plan; Priorities in the plan are established after receiving input from the Subarea Health Planning Councils (SAC); The PDC meets on a regular basis to work on specific sections of the plan; The Agency's staff supports the SHCC and PDC in development of the HSFP. Agency staff researches specific issues and assist in writing sections of the HSFP for the PDC; The Agency's staff supports the SHCC and PDC in development of the HSFP. Agency staff researches specific issues and assist in writing sections of the HSFP for the PDC; on each island for additional input into the plan prior to finalization; The HSFP is maintained on the Agency's website for review by the public and anyone making a CON application.	% Subarea Health Planning Council (SAC) meeting time spent on reviewing/revising/approval of HSFP	323D-15
	3	Preparation of the Health Care Utilization Report	% Health care facility submission of semi-annual reports within specified time; % users rating semi-annual reports as helpful/very helpful	323D-18
<b>HTH 907</b>	2	Provides overall direction, policy, and guidance to the programs under the Department of Health as well as communication/information coordination and dissemination to the general public, media, and other agencies and communications support to the programs under DOH.		
	2	Provides state/department-wide administrative, budgetary, fiscal (accounting/payroll/vouchering/purchasing), resources allocation and distribution, and facilities guidance, instruction, and support to all of the DOH programs.		
	2	Provides state/department-wide human resources guidance, direction, instruction, and organizes and coordinates personnel activities to support all of the DOH programs and the approximately 3,600 positions. Provides program managers with advice on matters relating to human resources functions so that managers can take appropriate action in meeting their objective.		

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Priority List of Functions

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**PRIORITY CODES:**

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**Priority = 2**

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HTH	Priority #	Description of Function	Performance Measures	Statutory Reference (HRS, PL, etc.)
	2	Provides information technology support, recommendations, instruction, guidance, and maintenance support to all of the DOH programs.		
	2	Provides respective island-wide comprehensive administrative direction, oversight, guidance, and coordination to the programs situated on the neighbor islands. Serves a myriad of roles as the DOH central contact point on serious emergencies, disasters within the DOH and between the various agencies, provides consultation, maintains itself as a focal communications point, inventory for island-wide health resources coordination center, and provides general public with various health and documentation services that are provided by the DOH state-wide.		
	2	Provides departmental long and short range health planning; legislative oversight, coordination, and tracking on DOH on bills, testimonies, hearings, and responses. Also maintains and updates DOH's federal grants database for accuracy and coordination of the approximately \$113.7 million in federal funds that the DOH receives and administers.		
	2	Provides guidance and compliance with the Health Information Portability and Accountability Act.		

Table 2  
Program ID Listing of Major Activities

TABLE 2

**\*Please note:**  
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Prog ID/Org	Major Activity or Activities performed	*Priority #	Pos (P)	Pos (T)	PS \$\$\$\$	Other \$\$\$\$	MOF
			9.00	3.00	621,571	4,314,650	A
HTH 100/DI	AIDS Prevention Services	1	0.50	24.00	949,551	4,656,148	N
			32.00	-	1,939,797	859,051	A
HTH 100/DD	Tuberculosis Services	2	-	22.50	965,218	353,658	N
			6.00	1.00	425,465	376,500	A
HTH 100/DH	STD Prevention Services	3	4.00	4.00	256,262	47,321	N
HTH 100/DG	Kalaupapa Settlement	4	45.00	4.00	2,171,367	1,894,319	A
			2.00	-	126,576	34,743	A
HTH 100/DE	Hansen's Disease Control Services	5	12.00	-	972,742	124,776	N
HTH 100/DF	Hale Mohalu Hospital	6	20.00	1.00	1,484,689	195,329	A
HTH 100/KE	CDD Administration	7	4.00	-	266,289	925	A
HTH 131/DJ			15.60	0.00	847,903	591,327	A
HTH 131/DJ			0.40	10.00	554,472	428,234	N
HTH 131/DJ	Maintain surveillance of infectious diseases in Hawaii; operate laboratory and provider illness reporting systems for notifiable diseases	1					
HTH 131/DJ	Investigate disease outbreaks and single cases of important or unusual diseases with 24/7 response capacity	1					
HTH 131/DJ	Implement and recommend improved disease control and prevention methods to physicians, other health care professionals, food control agencies, the food industry, healthcare facilities, vector control staff, other agencies, and the general public based on investigation findings and/or special public health assessments	1					
HTH 131/DJ	Provide assistance to healthcare providers to identify and diagnose unusual or rare diseases and provide consultative assistance in managing such diseases upon their request	1					
HTH 131/DJ	Detect, control, and/or eradicate animal diseases transmissible to humans (i.e. zoonoses)	1					
HTH 131/DB			12.00	44.00	3,381,745	5,486,545	N

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HTH 131/DB	Coordinate all departmental public health preparedness planning, training, and response activities and integrate these activities with existing response mechanisms. This responsibility includes planning and conducting exercises to assess the Department's response to such events; evaluating personnel resources and needs for responding to such events; and coordinating and providing for training of departmental staff and other public and private sector health professionals	1					
HTH 131/DB	Maintain inventories of necessary supplies for controlling disease outbreaks and prepare for deployment of the Strategic National Stockpile	1					
HTH 131/DB	Coordinate and administer federal grants and cooperative agreements supporting State public health emergency preparedness	1					
HTH 131/DB	Coordinate public health emergency responses with State Civil Defense, National Guard, Department of Defense, police, fire, and emergency medical staff	1					
HTH 131/DA			5.00	0.00	275,449	15,725	A
HTH 131/DA			1.00	0.00	63,309	0	N
HTH 131/DA	Act as a liaison with federal and other government health officials in the U.S. Public Health Service, Centers for Disease Control and Prevention (CDC), and Council of State and Territorial Epidemiologists	1 & 2					
HTH 131/DC			21.00	11.00	1,378,569	1,526,406	N
HTH 131/DC	Monitor vaccination coverage rates among school children and other vulnerable populations	2					
HTH 131/DC	Facilitate compliance with school-entry immunization laws and regulations	2					
HTH 131/DC	Promote immunization of the public, both adults and children, against vaccine preventable diseases	2					

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HTH 131/DC	Develop and deploy information technologies that can assist parents and providers in ensuring children receive appropriate and timely immunizations	2					
HTH 131/DC	Monitor and investigate adverse events associated with vaccination	2					
HTH 131/DC	Provide vaccines for the protection of persons not able to pay for vaccines	2					
HTH 131/DC	Operate immunization clinics to reach special populations or during a national vaccine shortage	2					
HTH141/EE	Monitor and assess community health needs and resources in order to effectively plan for programming which effectively and efficiently addresses problems of high public health concern.	1	3		174,666	203,200	A
	Assess the oral disease prevention and control methods and make recommendations for delivery systems change which benefit the community, with attention to the problems faced by Hawai'i residents with special health care needs.	2					
	Provide training and consultation targeting dental care workers as well as physicians, nurses, other health care workers, medical students and medical and dental residents on disease prevention and control.	2					
	Encourage and mentor Hawai'i students considering or pursuing careers in dentistry and/or public health to help assure that we have a viable future dental health workforce.	2					
	Provide training on the treatment and management of patients with special health needs.	2					
	Organize efforts to assure community involvement on the development of strategies to address oral health disparities.	2					

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HTH141/ED	Emergency and basic comprehensive preventive, surgical, restorative, and prosthodontic dental services are provided in Kalaupapa Hospital for individuals living with Hansen's Disease in Kalaupapa Settlement, Molokai; in Hawai'i State Hospital for individuals institutionalized with chronic and severe mental illness; and in State dental clinics located in State regional mental health centers for individuals living in the community who are medically indigent and chronically and severely disabled. Without the dental treatment provided by the state, these vulnerable populations would likely have no dental care and their untreated oral disease would place them at increased risk for severe pain, acute and chronic infection, and systemic diseases.	1	11		666,117	112,075	A
	The State of Hawai'i has committed to lifelong care of individuals with Hansen's Disease previously exiled to Kalaupapa Settlement. Hospital and Community Dental Services Branch ("HCDSB) staff flies to Molokai to provide dental treatment to these aging and medically compromised residents unable to travel to Honolulu for care. Those still able to travel to Honolulu are provided treatment in state dental clinics.	1					
	HCDS dental clinics located in state regional mental health centers are the safety net clinics for the medically indigent and categorically disabled living in the community. This vulnerable population has limited or no access to care in the private sector due to the complexity of their dental management, difficult and inappropriate behavior, and/or inability to pay for services. The elderly who are frail; individuals with developmentally disabilities, many of whom are de-institutionalized former Waimano Training School and Hospital residents; persons with severe and chronic mental illness; and individuals who are medically compromised seek dental treatment services.	1					



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HTH141/EC	Statewide school-based oral health education, oral health screening, topical fluoride applications, daily tooth brushing and weekly fluoride mouth rinse programs serve as effective and efficient means to reduce the suffering and expense of dental disease for all populations that are served. The services delivered through these activities are unduplicated by any other government agency or the private sector.	1	11		531,454	55,872	A
	Division dental hygienists provide technical assistance on program planning, development and administration to a wide variety of other governmental and private non-profit agencies, including Head Start/Early Head Start, WIC, Department of Education, long term care facilities, University of Hawai'i programs on various college campuses, private schools, preschools, mental health programs and other Department of Health programs and community-based agencies.	1					
	Division dental hygienists support program in-service training required to meet federal mandates, State facility licensing standards, and federal grant reporting obligations. Programs receiving technical assistance include Hawai'i State Hospital, community mental health centers, long term care facilities, and programs associated with Communicable Diseases, Family Health Services, Developmental Disabilities and Adult Mental Health Divisions.	1					
HTH 420/Var	Central Oahu Community Mental Health Center (CMHC)	1	24	44	2565175	195769	A
	Central Oahu CMHC	1	0	0	0	113065	B
	Diamond Head CMHC	1	16	21.5	1643992	34614	A
	Diamond Head CMHC	1	0	0	0	154200	B
	Kalihi-Palama CMHC	1	40	25.5	3345192	185562	A
	Kalihi-Palama CMHC	1	0	0	0	125600	B
	Windward Oahu CMHC	1	15	30.5	2005693	162648	A
	Windward Oahu CMHC	1	0	0	0	82200	B
	Hawaii County CMHC	1	38	62.5	4946331	353650	A
	Hawaii County CMHC	1	0	0	0	122500	B

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	Maui County CMHC	1	25.5	27	2507655	123109	A
	Maui County CMHC	1	0	0	0	100800	B
	Kauai CMHC	1	23	18	2135532	140322	A
	Kauai CMHC	1	0	0	0	126700	B
	Waianae CMHC	1	1	0	30172	0	A
	Courts & Corrections	1	11	0	388674	165584	A
	Other Services Including POS & GIA	1	5	0	187325	1008371	A
	Other Services Including POS & GIA	1	0	0	0	1143437	B
	Other Services Including POS & GIA	1	0	5	226727	46876	N
	Other Services Including POS & GIA	2	5	0	0	60876105	A
	Other Services Including POS & GIA	2	0	0	0	22864479	B
	Other Services Including POS & GIA	2	0	0	0	1358627	N
HTH 430/Var	Inpatient Psychiatric	1	462	34	26,009,052	19,499,153	A
	Support Services	2	133	3	5,182,835	1,893,213	A
	Quality Management	3	44	16	2,709,807	104,561	A
	Inpatient Psychiatric	1				750,000	A
HTH 440/HR & HTH 440/HO	Substance abuse (SA) treatment (Tx) svcs involve addressing addiction & relapse issues to prevent or interrupt the dependence & relapse cycle.		6.00	1.00	360,346	16,557,407	A
	Structured continuing aftercare svcs are provided to maintain Tx gains & to continue the client's prog of change to achieve a drug-free lifestyle by affecting the physical, psychological, social, familial & spiritual aspects of one's life. Tx svcs include adult residential, intensive outpatient, outpatient, non-medical residential detoxification, methadone maintenance; & adolescent outpatient & school-based svcs. Populations of particular emphasis continue to be pregnant women, parenting women w/ children, adolescents, injection drug users, Native Hawaiians & adult criminal justice offenders.		-	-	-	300,000	B
		1	2.00	6.50	566,139	9,109,317	N
HTH 440/HD	Substance abuse (SA) prevention (prev) is the promotion of constructive		9.00	1.00	651,122	2,072,946	A

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& HTH 440/HO	lifestyles & norms that discourage alcohol & other drug use & the development of social & physical environments that facilitate drug-free lifestyles. Prev is achieved thru the application of multiple strategies; it is an ongoing process that must relate to each emerging generation. SA prev efforts also seek to reduce risk factors or to enhance protective factors in the individual/peer, family, school & community domains. Risk factors are those characteristics or attributes of a person, their family, peers, school or environment that have been associated w/ a higher susceptibility to problems such as alcohol & other drug abuse. Protective factors are those psychological, behavioral, family & social characteristics that can insulate children & youth from the effects of risk factors that are present in their environment.	2	2.00	2.00	170,185	3,443,833	N
HTH440/HD	Other activities include developing requests for proposals, processing contracts, monitoring of svc delivery, fiscal mgmt, evaluating outcomes & providing TA to svc provider agencies. Trng svcs include development, implementation & updating of a statewide substance abuse workforce development trng plan, completion of annual trng assessments, & the development of trng modules & curricula.		7.00	1.00	362,306	48,631	A
		3	2.00	-	119,400	200,993	N
<b>HTH 460</b>	Direct Clinical Services to clients; case management & administrative support	1 & 2	15.00	2.00	852,911	48,362	A
HTH460HE	Administrative Support	2	58.00	1.00	3,283,818	1,105,393	A
HTH460HF	Administrative Support	2	17.00	0.00	1,064,790	42,500	B
HTH460HF	Administrative Support	2	0.00	2.25	180,194	1,656,687	N
HTH460HF	Administrative Support	2	0.00	2.00	184,671	2,092,535	U
HTH460HH	Direct Clinical Services to clients; case management & administrative support	1 & 2	18.00	0.00	1,123,258	66,512	A
HTH460J	Direct Clinical Services to clients; case management & administrative support	1 & 2	19.00	2.50	1,122,933	81,670	A
HTH460HK	Direct Clinical Services to clients; case management & administrative support	1 & 2	16.00	2.00	968,213	67,917	A

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HTH460HL	Direct Clinical Services to clients; case management & administrative support	1 & 2	28.00	9.00	1,991,096	182,984	A
HTH460HM	Direct Clinical Services to clients; case management & administrative support	1 & 2	16.50	2.50	929,149	98,655	A
HTH460HN	Direct Clinical Services to clients; case management & administrative support	1 & 2	16.00	2.00	974,154	152,876	A
HTH460HO	Clinical Services	1	0.00	0.00	88,423	30,688,088	A
HTH460HO	Direct Clinical Services to clients; case management & administrative support	1 & 2	0.00	6.00	357,020	17,306,409	N
HTH460HO	Clinical Services	1	0.00	0.00	0	731,138	N
HTH460HS	Direct Clinical Services to clients; case management & administrative support	1 & 2	7.00	10.00	1,085,897	67,623	A
<b>HTH 495</b>	Clinical Support and Oversight	1	28.5	24.5	3861712	80558	A
	Administrative Support and Oversight	2	27	19	2787077	58211	A
	Administrative Support and Oversight	2	2	0	0	0	A
	Access Line	3	9	5	741787	17838	A
	Federal Grant Activities	4	0	32.4	2247492	1309871	N
<b>HTH501/CM</b>	Purchase of Service, CMIS--nonMedicaid Services	7	0.00	0.00	0	5,439,916	A
<b>HTH501/CN</b>	State Match for Title XIX Programs, CMIS---Medicaid Services	2	0.00	0.00	0	52,487,482	A
		2	0.00	0.00	0	64,264,776	U
<b>HTH501/CQ</b>	Program Supports, CMIS---Specialized Case Mgt Services	5	20.00	5.00	1,046,717	272,605	A
<b>HTH501/CU</b>	Case Mgt & Info Svcs Admin CMIS--supports for case mgt services	5	14.00	3.00	788,198	112,683	A
<b>HTH501/CV</b>	Contracts & Resource Development, CMIS--Plans, develops and monitors contracts	5	10.00	3.00	599,582	314,479	A
<b>HTH501/JA</b>	Dev Disabilities Services Branch, DSB--supports to assess, monitor, evaluate and develop services for individuals with DD/MR & neurotrauma	3	10.00		588,824	219,132	A
<b>HTH501/JE</b>	Quality Assurance, DSB--Implementation of division's outcomes measures and performance analysis	5	9.00		558,671	126,450	A
<b>HTH501/JN</b>	Neurotrauma, DSB--Neurotrauma System of support---Info and referral, eligibility determination, registry, self-advocacy and community education	4	3.00		243,232	803,585	B
<b>HTH501/JO</b>	Case Management Services on Oahu	1	105.00	1.00	5,124,166	1,064,835	A

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HTH501/JQ	Case Management Services on Hawaii	1	21.00		739,736	135,928	A
HTH501/JR	Case Management Services on Maui	1	18.75		654,029	102,959	A
HTH501/JS	Case Management Services on Kauai	1	10.00	1.00	520,727	73,519	A
HTH501/KB	DDD Administration	5	19.00	4.00	1,313,314	224,790	A
	TOTAL		239.75	17.00	12,177,196	125,643,139	
			3.00	-	243,232	803,585	B
						64,264,776	U
HTH 520/AI	Parking for Persons with Disabilities	1	0.75	1.75	151,273	461,674	A
HTH 520/AI	Facility Access for Persons with Disabilities	2	0.75	5.50	342,703	65,944	A
HTH 520/AI	ADA Implementation & Disability Policy Analysis	3	3.50	3.25	353,255	66,467	A
HTH 520/AI	ADA Implementation & Disability Policy Analysis	3				10,000	B
HTH 520/AI	Special Parent Information Network	4	2.00	0.00	135,450	69,362	U
HTH 560/CC	Children w/ Special Health Needs (Includes Newborn Metabolic Screening Program; Hawaii Birth Defects Program; Preschool Developmental Screening Program; & Genetics Program)		20.50	0.50	1,414,677	242,477	A
			4.00	5.00	601,789	1,046,633	B
		1	12.00	9.50	1,467,337	1,236,833	N
HTH 560/CF	Family & Community Support (Includes Community Based Child Abuse Prevention, Parenting Support Services Program, & BabySAFE)		2.00	-	82,536	1,892,451	A
		1	3.00	1.00	185,304	717,537	N
HTH 560/CG	Early Intervention (Also includes Newborn Hearing Screening Program)		121.25	3.00	5,246,449	11,371,409	A
			24.00	4.00	1,180,193	1,741,364	N
		1	-	1.00	59,002	252,500	U
HTH 560/CI	Child & Youth Wellness (Includes Sexual Violence Prevention & Domestic Violence Fatality Review)		4.00	-	222,070	962,520	A
			4.00	2.00	5,673	544,327	N
			-	-	304,282	515,586	B
		1	1.00	1.00	187,168	618,569	U
HTH 560/CK	Maternal & Child Health Administration		4.00	-	228,696	67,867	A
		1	5.00	1.00	206,021	-	N
HTH 560/CT	Healthy Start		8.00	-	371,968	11,586,101	A
		1	-	-	-	1,600,000	U
HTH 560/CW	Women's Health		3.00	1.00	265,215	1,910,485	A

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	(Includes Pregnancy Risk Assessment Monitoring System, Perinatal Program on Oahu, Perinatal Program in Hilo, Family Planning Services)		11.50	5.00	800,797	2,370,656	N
		1	-	-	-	463,587	U
HTH 560/GI	Women, Infants & Children (WIC) Branch	1	113.50	-	4,736,579	25,629,820	N
HTH 560/KC	Family Health Services Administration (Includes Primary Care Services, Fetal Alcohol Spectrum Disorder, & Comprehensive Health Services in various communities)		16.00	0.50	986,396	8,607,195	A
			5.00	7.00	513,334	4,714,237	B
		1	9.50	3.00	638,537	366,336	N
							N
HTH 580/KL	School Health Services (Includes LPN staff and POS providers serving the Medically Fragile in the DOE)	1	26.00	-	1,054,694	384,465	A
HTH 580/GJ	Community Resources & Development (Chronic Disease Mgmt & Control Branch Admin & PH Educator staff only)	2	8.00	-	512,285	73,848	A
HTH 580/KD	Community Health Admin	2	8.00	1.00	512,256	7,084	A
HTH 580/KJ	Public Health Nursing Svcs	2	167.00	-	11,586,783	355,329	A
	Community Resources & Development		10.00	-	393,751	18,000	A
HTH 580/GJ	(Bilingual Health Svcs & Easy Access Prog only)	3	-	1.00	19,770	80,230	N
	Diabetes & Chronic Disabling Diseases		1.00	-	97,705	-	A
HTH 580/GP	(Including Asthma)	4	4.00	6.00	437,143	729,099	N
HTH 580/GQ	Cancer Prevention & Control (Includes Breast & Cervical Cancer Control & Comprehensive Cancer Control Programs)	4	-	11.00	532,517	805,764	N
HTH 580/GR	Tobacco Prevention and Control Program	4	7.00	0.50	382,756	834,544	N
HTH 580/KJ	Public Health Nursing Svcs (Transition Center Nurse at Farrington High School only)	4	-	1.00	108,226		U
HTH 580/GQ	Cancer Prevention & Control (Interdepartment transfer from DHS for the Breast & Cervical Cancer Control Program per Act 52/SLH2008)	5	-	-	-	150,000	U
HTH 580/GR	Cancer Prevention & Control (Transfer from TSSF for Smokefree Workplace Compliance prog only)	5	-	2.00	51,311	85,500	U

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HTH 580/KJ	Public Health Nursing Svcs (Interdepartmental transfer to incorporate PHNs in TANF Project only)	5	-	12.20	1,108,990	41,010	U
HTH 580/GP	Community Health Administration (Funding for POS on Lupus education & support svcs only)	6	-	-	-	10,000	A
HTH 580/KD	Community Health Administration (Organ & Tissue Education Special Fund only)	7	-	-	-	20,000	B
HTH 580/KJ	Public Health Nursing Svcs (Public Health Nursing Services Special Fund only)	7	-	-	-	90,720	B
HTH 590/KK	<u>Tobacco Settlement</u> The Tobacco Settlement Project/Healthy Hawaii Initiative (TSP/HHI) was created to meet the statutory obligations of administering the Tobacco Settlement Special Fund per §328L-2, HRS and is the infrastructure developed in DOH for health promotion and chronic disease prevention through promoting healthy lifestyles. The TSP/HHI is organized into four major strategies: 1) public and professional education; 2) school health; 3) community interventions; and 4) evaluation and research. The risk & protective factor objectives of TSP/HHI are to increase the rate of youth & adults who report, meeting recommendations for physical activity & veg & fruit consumption, are at a healthy weight, & to reduce the use of tobacco. The long term health status objective is to reduce the incidence of deaths by coronary heart disease & stroke, to reduce the incidence of diabetes, & lung & colorectal cancers. The ultimate goal is to extend years of healthy life & reduce the existing health disparities in Hawaii.						
	TSP/HHI evaluates all activities, provides training & the framework to support data reporting on the health status of Hawaii's population. It administers the Hawaii Health Data Warehouse (HHDW), a web-based tool, & the Science & Research Group (SRG). The SRG manages the informational governance to support quality of data in & utilization of the HHDW. The SRG in TSP/HHI provides departmental coordination for evaluation & research.	1	26.00	2.00	1,821,324	52,087,571	B

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HTH 590/KK	TSP/HHI is participating in the USDA Supplemental Nutrition Assistance Program- Education (aka SNAP-Ed & formerly the Food Stamp Nutrition Education or FSNE) to increase healthy eating & physical activity practices w/in the SNAP eligible population. SNAP-Ed is conducted through a contract with the Department of Human Services that is the single state agency recognized by USDA for food assistance dollars. DOH is allowed up to 50% reimbursement for pre-approved nutrition education projects in the federal year. The DOH SNAP-Ed is known as the HHI Nutrition Education Network or HHI NEN.	2	-	7.00	416,304	4,283,696	U
HTH 595/KA	Health Resources Administration - Deputy Director's Ofc: Plans, directs, & coordinates the activities of the Administration in effectively performing its functions & attaining its mission; Directs the preparation of related operating & capital budgets, justify budgets before review & approving authorities, & exercise control over funds appropriated; Provides technical leadership to neighbor island district health offices & coordinate activities between & among the districts & Oahu to provide uniform svcs throughout the state;						
HTH 595/KA	Directs the HRA legislative prog & activities & coordinates these w/in the DOH; Evaluates, develops, & recommends administrative rules, regulations, policies, & procedures for the Administration; and Fosters & maintains effective working relationships w/ other organizational entities, in both public and private sectors.	1	2.00	-	153,824	4,128	A
HTH 595/KA	HRA - Deputy Director's Ofc (Respite prog only - the respite prog provides financial assistance in order that the families can recieve a period of relief from their ongoing care-giving responsibilities for a child or adult with special needs)	2	-	-	-	588,977	A
HTH 610FL	Implementing and maintaining statewide programs for Food & Drug, Indoor & Radiological Health, Sanitation & Vector Control. Establishes broad program policies and oversees the management of the associated activities	1	2		184,470	9,633	A
			3		187,371	248,224	B



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HTH 610FQ	The Sanitation Branch is responsible for the implementation and enforcement of the statutes, rules, and policies relating to food safety and environmental sanitation. The implementation and enforcement of these laws and rules are directed toward promoting and maintaining a healthful environment for the people of the State through the provisions of services which include inspectional, educational, consultative and enforcement.	2	51		2,891,534	126,916	A
			3		169,826	17,683	B
HTH 610FP	The Food & Drug Branch is responsible for implementing and maintaining statewide activities to ensure the quality, sanitation & purity of shellfish, promote and maintain the safety, standardard of potency, wholesaling, distributing, and retailing of prescription durgs; and prevention of illnesses to consumers from adulterated and/or contaminated food products.	3	16		1,037,176	63,335	A
HTH 610FR	The Indoor & Radiological Health Branch is responsible for statewide program of community noise control, radiation control, and indoor air quality through the provisions of services which include inspectional, educational, consultative, and enforcement activities. Significant public health activities include implementation of radiological response operations and radiological health inspections; prevention of illnesses and injuries from inadequate performance of air conditioning and ventilating systems, and from poor indoor air quality; and respond to community noise complaints.	4	13	1	721,191	58,354	A
				2	143,805	260,000	B
			6	2	227,959	366,723	N
HTH 610FN	The Vector Control Branch is responsible for the implementation and enforcement of vector control activities to minimize the danger and annoyance caused by animal vectors by suppressing outbreaks of potential vector-borne diseases, preventing the encroachment of new vectors and vector-borne diseases from abroad, and providing relief to the public from severe vector nuisances.	5	57		1,815,362	286,173	A
			2		98,871	8,205	U

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HTH 710/Var	Public Health 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.	1					
	Environmental chemical and microbiological analyses: provide analytical services to the DOH Safe Drinking Water, Clean Water, Wastewater, Sanitation, Food & Drug, and Clean Air Branches, and the Disease Outbreak and Control Division (DOCD).	2					
	Establish and maintain laboratory capacity to respond to public health emergencies such as pandemics or 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 provided funding for chemical terrorism response (chemist positions and laboratory equipment).	3					
	Disseminate information on laboratory related analytical requirements of federal and State environmental and food regulations.	4					
	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.	5					
	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.	6					
	Administer statutory statewide program relating to chemical testing of blood alcohol concentrations and the presence of drugs for DUI cases.	7					

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Prog ID/Org	Major Activity or Activities performed	*Priority #	Pos (P)	Pos (T)	PS \$\$\$\$	Other \$\$\$\$	MOF
	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.	8					
	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. 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 training on drinking water and water pollution analyses to private and other government laboratories as needed.	9					
	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."						
	TOTAL		86.00	0.00	4,397,200	2,458,673	A
	TOTAL		0.00	1.00	46,346	436,987	N
<b>HTH 720/MP</b>	Administration	1	3.00	0.20	203,700	35,000	
	Administration	1				406,000	
	State Licensing of residential care facilities	1	18.70	0.35	1,299,122	139,858	

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	Earmark Federal grant for training care home workers	1	-	2.15	133,854	726,335	
	Medicare licensing of Medicare certified facilities	1	18.10	1.30	1,066,977	565,247	
HTH 730/MQ	The DOH has statutory responsibility for the implementation and maintenance of an Emergency Medical Services System that provides ground ambulance and rotorwing response to 911 health emergencies. System components include transportation, communication, manpower, training, facilities, quality assurance, coordination with public safety agencies, standardized medical recordkeeping, disaster planning and consumer participation. Administration of the EMSIPSB provides for assessment, planning, policy development, contract monitoring and fiscal oversight, collection of ambulance fees, analysis, performance improvement, evaluation, ambulance standards and licensure, relevant legislation and administrative rules.	1	13.00	3.9	895,076	68,297,179	A, B, N
HTH 730/MT	The Statewide Injury Prevention Program provides core public health functions for injury prevention and control including surveillance and reporting of many types of injuries, development and support of needed policies, regulations and legislation, education and training activities for the public and professionals.	2	6.00	3.00	431,616	232,628	A,N
HTH 730/MQ	Development and operation of a comprehensive state trauma system. A comprehensive trauma system is defined as a coordinated integrated system providing a spectrum of medical care throughout the State which includes hospitals with successive levels of advanced capabilities for trauma care in accordance with nationally accepted standards.	3	0.00	2.00	184,496	6,697,811	B
HTH760/VR	Register/Issue Vital Rcrds	1	34.00	2.00	1,352,074	204,747	A
HTH760/VR	Register/Issue Vital Rcrds	1	-	2.00	118,106	281,931	B
HTH760/VS	Provide Health & Vital Ststistics to Government Agencies	2	6.00	-	230,093	167,121	N
HTH760/HS	Conduct Statewide Health Surveillance	3	-	-	-	120,000	A
HTH840/FE	Administer Environmental Management Division programs to assure compliance with federal and State requirements.	1	2.00		163,525	10,349	A
			2.80		111,898	10,188	N

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			1.20		83,584		W
<b>HTH 840/FF</b>	Administer an effective statewide air pollution control program consisting of permitting, compliance monitoring, and enforcement of applicable sources; monitor and assess the air quality; and develop appropriate rules, guidance, and state plans.	3A	5.00		330,709	4,401	A
			3.00		320,873	1,197,739	N
			41.00		3,078,504	800,895	B
<b>HTH 840/FG</b>	Administer an effective statewide water pollution control program consisting of statewide coastal water surveillance and watershed environmental management through combination of permit issuance, monitoring, enforcement, sponsorship of polluted runoff control projects, and public education.	4	21.00		1,211,066	128,045	A
			18.00		816,724	3,745,433	N
			2.00		124,134	160,000	W
<b>HTH840/FH</b>	Administer an effective statewide drinking water program through monitoring and enforcement; provide low interest loans to qualifying public water systems for projects aimed at improving water quality; review proposed new sources, treatment facilities and distribution systems; certify water system operating personnel; prevent backflow and cross connections; assess potential contamination for each source; protect groundwater supplies; develop guidance to aid compliance; and provide public education.	2	10.00		595,242	69,303	A
			8.00	1.00	480,528	352,306	N
			19.00		1,181,410	60,940,043	W
<b>HTH 840/FJ</b>	Develop and implement rules on the management, handling, and disposal of solid and hazardous waste; regulate and enforce the installation, testing, and closure of underground storage tanks; and provide technical assistance to the public and private sectors.	6	4.00		284,414	24,084	A
			10.00		653,428	215,000	W
			14.00	4.00	741,803	785,843	N
			19.00	2.00	1,335,627	74,879,978	B
<b>HTH 840/FK</b>	Review and approve wastewater plans; conduct operations and maintenance inspections; take appropriate enforcement actions against failing wastewater systems; and provide low interest loans to the counties for construction of wastewater infrastructure projects.	5	15.00		781,205	27,193	A
			-		2,234	-	N
			-		2,679	18,688	B
			22.00		1,351,241	100,155,500	W

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HTH 840/FO	Receive, test and analyze air quality samples. Maintain air monitoring stations.	3B	1.00		46,838	150,862	N
HTH 849/FA	Policy and leadership for Environmental Health Administration	1	2.5	0.25	195,921	25,085	A
			0.5	0	49,875	0	B
			0	0.75	51,414	230,877	N
HTH 849/FB	Plan, direct, review all fiscal planning, program budget, personnel activities, federal grant receipt/accounting for all EHA programs.	2	2.5	0	148,220	4,982	A
			1.5	0	79,680	75,687	N
HTH 849/FC	New program development, program coordination and development, program evaluation, strategic planning and legislative coordination, Provide for the management systems administration, development and output of services from the Department's Geographic Information System. Long-range and strategic planning, Long-range water quality management including Total Maximum Daily Load planning	5, 6, 7	3		168,863	20,444	A
			4	2	256,121	244,052	N
HTH 849/FD	Emergency Preparedness and Response for Chemical and Petroleum to the Environment, Hazard Evaluation of Exposure to Hazardous Substances in the Environment, Site Discovery, Assessment, and Response for Near and Long-term Threat of Sites Contaminated with Hazardous Substances	3, 4, 8	7		534,403	49,418	A
			9	3	450,076	1,813,407	N
			14	4	1,187,585	2,150,413	W
HTH 850/FS	Enforcement of HRS, 343; Educate community and agencies about environmental issues; Represent the Governor when necessary; Assist Environmental Council	1	5.00	0	293,086	50,003	A

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HTH 904/AJ	Nutrition Programs, public information & education services, access services	1					
	In-Home & Community-Based Services	2					
	Ombudsman Program	3					
	Elder Abuse Program	4					
	Family Caregivers	5					
	Aging and Disability Resource Center (ADRC)	6					
	Senior Citizens Community Services	7					
	Administrative	8					
	TOTAL			11.75	11.5	1,202,332	12,304,136
HTH 905/AH	1. Coordinated/conducted public awareness, education and training sessions (legislative advocacy, Partners in Policymaking, Day at the Capitol, and person-centered planning.	2					
	2. Initiated systems change activities re: residential settings and self-advocacy network.	1					
	3. Funded/Co-Sponsored projects (donated dental services and self-advocacy).	6					
	4. Initiated/impacted legislative measures to increase residential options, continue donated dental services and establish self-advocacy network.	4					
	5. Impacted administrative policies.	5					
	6. Promoted/participated in interagency collaboration/coordination to better serve and support individuals with DD.	3					
				1.50	1.00	144,955	81,789
			6.50	0.00	308,583	158,732	N

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HTH 906/AC	The Agency administers the state's Certificate of Need Program for medical facilities and services in accordance with the Health Services and Facilities Plan (HSFP), using the criteria set forth in the statute. The Agency provides technical assistance to the applicants in the preparation and filing of the application; and maintains a searchable database on its website to assist potential CON applicants and others who use the data.	1					
	The Agency and its subarea health planning councils perform healthcare needs assessments on a continuing basis on the Neighbor Islands and Oahu based on the health status of the population and access quality and/or cost issues in the healthcare delivery system.	2					
	SHPDA develops HSFP, which is the foundation document upon which all of the Agency's activities are based. It is the result of private health providers, health systems, health plans, public health entities, independent health practitioners, consumers, business and the non-profit sectors planing together for healthier communities.	3					
	The Agency collects, analyzes and reports certain health industry data needed by developers and planners of healthcare services in the State. The main report features utilization data of inpatient and residential facilities (hospitals, long-term care, and special treatment facilities) statewide.	4					
	TOTAL		8.00	0.00	\$524,363	\$146,278	A/B
HTH 907							



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HTH907/AA	The Director's and Deputy Director's office provides overall direction, policy formulation, guidance to all of the programs within the DOH. It also ensures that the general public is informed on important issues and information in a consistent and accurate manner. This office sets the path and direction for DOH and ensures that the department has the guidance and resources needed to meet its goals and objectives. This office provides the leadership for the DOH to meet its long and short range goals. It manages emergency situations, sets priorities, and maintains itself as a central contact point for decision-making in times of crisis, emergencies, or disasters. This office ensures that resources provided are used in the most efficient and effective manner through development of policies and directives.	1	7.00	-	501,919	69,836	A
HTH907/AA	This office maintains oversight and provides the administrative, budgetary, fiscal, and facilities support for the department. It implements, monitors, and develops procedures to implement the Governor's, Budget and Finance's, and the Director's policies and ensures compliance with the policies and procedures. It coordinates the budget and ensures resource allocation is accurate, efficiently utilized, and effective towards meeting its overall goals and objectives. To ensure that the department operates efficiently and effectively with its given resources and to ensure coordinated, uniform, support and expertise to the numerous programs within the DOH - statewide. Monitoring of expenditures, program operations, guidance and consultation to programs, managers, supervisors results in more efficient use of its limited resources.	2	46.50	-	2,120,851	1,248,337	A

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HTH907/AA	Provides state/department-wide human resources direction, instruction, and guidance; organizes and coordinates personnel activities to support all of the DOH programs and the approximately 3,600 positions state/department-wide. The HR office implements and ensures compliance with policies and procedures related to HRS, labor laws, civil rights, collective bargaining contract law, and ensures adherence to policies and procedures issued by the Department of Human Resources Development. Provides advice to management on matters relating to human resources functions so that managers make the most well informed decisions and select the most appropriate action(s) towards meeting their objectives. This office provides HR support to management and to the approximately 3,600 positions state-wide. With the myriad of laws governing the management of human resources, it is vital that expert guidance be provided. The HRO also serves as the point of contact and liaison for the various unions that represent the employees. The HRO also provides the opportunity for job recruitment and placement opportunities and ensures that the recruitment a	3	22.00	-	1,217,748	31,729	A
HTH907/AA	This office provides the information systems technology support that state government is heavily dependent upon. Systems development, hardware and software maintenance, software design and email communications systems are some of the priority functions that is provided by this office. The State's dependence on its information systems has increased tremendously over the past decade. It has allowed programs to provide information and data at much higher speed, analyze information at a much higher speed, and maintain communications at a much higher speed. It has allowed for much greater accessibility within the state as well as out of state and country. With improved technology, response times and information accuracy have improved. The state is able to accommodate more information and provide more timely responses, more accurately and with greater precision.	4	14.00	-	836,760	51,521	A

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HTH 907 AL/AM/AN	Provides respective island-wide direct comprehensive administrative direction, oversight, guidance and coordination to the programs situated on the neighbor islands. Serves a myriad of roles as the DOH central contact point on serious emergencies, disasters within the DOH and between the various agencies, provides consultation, maintains itself as a focal communication point, inventory for island-wide health resources coordination center, and provides general public with various health and documentation services that are provided by the DOH state-wide. The State of Hawaii is geographically comprised of 4 (major) separate islands, each with its own unique features, highlights, geographic topography, population, and with that; its own unique problems and issues. The respective DHOs provide a central administrative point on a day-to-day basis as well as a crucial central resource post during emergency and disaster situations. One of the highest priority items of the District Health Offices is to serve as a link between the Department of Health and the community. The DHO also serves as the health consultant for all matters on the island. Routine m	5	28.00	3.00	1,571,463	221,101	A
HTH907/AP	This function develops the state health plan which focuses on public health programs and identifies specific objectives, policies and implementing actions for health and environmental services with particular emphasis on the allocation of resources and the delivery of services. To develop a plan and to ensure that it is in place to guide the department towards meeting its goals and objectives. The state health plan helps to guide the use of the department's limited resources towards its common goals and objectives. The HIPAA office ensures that the confidential information of DOH's customers and employees are secure and in compliance with HIPAA requirements. The HIPAA Office also oversees DOH's information security level by minimizing breaches of security through advising the programs on appropriate steps to implement in order to address a potential breach.	6	4.00	7.00	500,949	188,686	A
HTH907/AP		7	-	4.00	227,408	552,612	N
HTH 907/AE	Special Projects provides the planning, guidance, and implementation of the Department's Preventive Health and Health Services Block Grant.	8	-	6.00	387,202	137,687	N
					73	58,634	A

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HTH 907/AF	Affirmative Action Office provides training, consultation, review, and recommendations on the Department's cases. Upon request, acts as a consultant to other State Depts. On matters pertaining to EEO and AAO.	9	2.00	-	117,108	5,800	A

Table 3  
Biennium Budget Reductions

TABLE 3

#	Description of Reduction	Impact of Reduction	Prog ID/Org	Pos	\$\$\$\$	MOF
1	Reduction of contract with the University of Hawaii for mental health services research and evaluation services and management information systems services.	The reduction of funds will result in a decrease in the number of mental health services research and evaluation projects to be conducted, delays in the reporting of service data, and delays in the completion of computer troubleshooting and repairs.	HTH 420/HO	-	315,528	A
2	Reduction of contract with the University of Hawaii for psychosocial rehabilitation services.	The reduction of funds will require services previously provided by contracted staff to be provided by Hawaii State Hospital employees.	HTH 430/HQ	-	105,067	A
3	Continuation of FY 09 Executive Restriction of \$200,000 each year of the biennium.	Resources to support a wide range of needed treatment (Tx) svcs will be impacted during the biennium. The Alcohol & Drug Abuse Division will not be able serve as many adults & adolescents who do not have sufficient resources or medical insurance coverage to access appropriate svcs. It's important to note that while resources to support needed Tx svcs will decrease, we anticipate, due to a significant nat'l economic recession combined w/ a corresponding reduction in state revenues, there will be an increased # of individuals inappropriately using alcohol & substances to cope w/ life altering situations such as unemployment, home foreclosures, homelessness, & bankruptcies.	HTH 440/HO	-	200,000	A
4	POS Services	Group home for youth who tend to not do well in other residential treatment settings. Although there are relatively few of these youth in the CAMHD program, specialized treatment settings are desirable. Program has been closed/alternative settings were secured.	HTH 460	-	500,000	A
5	Elimination of the Partnerships in Community Living (PICL) program--Mandatory Executive Restrictions=\$1,211,153; Tier 2 Adjustments=\$252,829.	The Partnerships in Community Living (PICL) program began as a grant with the UH Center for Disabilities Studies in the mid-1990s to develop community based natural supports; promote employment and pilot self-direction of personal accounts. As a result of the PICL pilot program, the Home & Community-Based Services (HCBS) Medicaid waiver program was amended to provide for job development and self-direction of personal individualized services. To avoid duplication of services and allow for efficient use of funds in accordance with HRS 333F-2(e) which states "only those individuals eligible for community services but not eligible for Medicaid waiver services or other federally reimbursed programs or for whom such services are not appropriate or not available based on their individual service plan shall receive services and supports with one hundred percent state funds", PICL services were limited to non-Medicaid eligible individuals who had no other resources	HTH501	-	1,463,982	A

Table 3  
Biennium Budget Reductions

		The impact of this reduction is that individuals who do not qualify for Medicaid assistance will not have any resources/services available to them as they cannot access Medicaid waiver services and no longer have access to PICL services. Services provided through PICL includes waiver-like services such as personal care, respite services, technical supports, moving expenses, furniture/appliances for independent living.				
6	Continue FY 09 general fund Executive Restriction of: 1) \$42k for emergent and primary care services provided by Hana Health for the Hana community on the island of Maui; and 2) \$88k for emergency room services provided by the Waianae Coast Comprehensive Health Center for the Waianae Coast community.	The base budget amount for these POS contracts (formerly subsidies) to these communities is: 1) amounts to \$1.13M (\$1.2 M in FY09 base less \$28k for LDR & \$42k for this restriction); and \$1.468M (\$1.6 M in FY 09 base less \$44k for LDR & \$88k for this restriction).	HTH 560/KC	-	130,000	A
7	Continue FY 09 general fund Executive Restriction of \$1,942,943 for the Healthy Start's purchase of service (POS) providers; 2) reduce Healthy Start further by \$4,592,206 per year under the Tier 2 adjustments; and delete 2 vacant positions and the rest of the general funded Healthy Start POS by \$5,086,009 under the Tier 3 adjustments.	The Executive FB 2009-11 proposes the elimination of the general funded voluntary Healthy Start purchase of service (POS) in addition to two vacant positions. Projected impacts include: reduction in #s served w/ long term cost savings decreasing exponentially; less Medicaid revenues (reimbursements); economic impact to the POS agencies w/ the loss of staffing & possible impact to DHS Child Welfare System referrals; & its impact to leverage general funds for	HTH 560/CT	2.00	11,621,158	A
8	Change the MOF from general funds to Community Health Centers Special Fund for FQHCs for primary care and comp med services POS	No adverse impact since this request proposes a change in means of financing only.	HTH 560/KC	-	5,691,526	A
9	Transfer Chronic Disease & Mgt Control Branch's (CDMCB) Community Resources & Dev Section (excluding bilingual health aides program) to Tobacco Settlement Project and change MOF from general funds to Tobacco Settlement Special Fund (TSSF).	No adverse impact since this request proposes a change in means of financing only.	HTH 580/GJ	9.00	555,204	A
10	Transfer CDMCB's Tobacco Prev & Control Section to Tobacco Settlement Project and change MOF from general funds to Tobacco Settlement Special Fund (TSSF).	No adverse impact since this request proposes a change in means of financing only.	HTH 580/GR	1.00	79,352	A
11	Transfer CDMCB's Diabetes & Chronic Disabling Diseases Section to Tobacco Settlement Project and change MOF from general funds to Tobacco Settlement Special Fund	No adverse impact since this request proposes a change in means of financing only.	HTH 580/GP	1.00	107,705	A
12	Reduce funding for respite services under the Department of Health's Tier 2 adjustments	This is a 68% reduction in the amount of respite funds. Therefore, respite services will not be available for approximately 175 families. Alternatively, the average number of respite hours per family will need to be reduced from 16 hours per month to 11 hours per month.	HTH 595/KA	-	412,024	A
		<b>Sub-total for Mandatory Reductions and Tiers 1, 2 and 3 Adjustments</b>		<b>13.00</b>	<b>21,181,546</b>	<b>A</b>

Table 3  
Biennium Budget Reductions

TABLE 3

13	General Fund Adjustment for ADAD -- <b>Reduce general funds by \$1,100,000 in FY 2010 and \$450,000 in FY 2011.</b>		HTH 440/HO		1,100,000	A
		<b>Sub-total for Other Adjustments (General funds only)</b>			<b>1,100,000</b>	<b>A</b>
14	Perimeter Fence Monitoring System	These adjustments for non-recurring items were made to the base budget during budget preparation.	HTH 430/HQ		595,995	A
15	Various Equipment		HTH 501/JQ		9,000	A
16	Various Equipment		HTH 501/KB		12,300	A
17	Various Equipment		HTH 560/KC		2,500	A
18	Various Equipment		HTH 460/VAR		31,500	A
19	Upgrade of Heat, Ventilation & A/C system		HTH 710/MK		126,112	A
20	Equipment for Medical Microbiology Unit		HTH 710/MJ		165,000	A
21	Mass Spectrometer for Chemistry Unit		HTH 710/MJ		200,000	A
22	Various Equipment		HTH 840/VAR		7,400	A
23	Health Care Workforce Map for SHPDA		HTH 906/AC		150,000	A
		<b>Sub-total for Non-Recurring Items</b>			<b>1,299,807</b>	<b>A</b>
		<b>Total for all General Fund Reductions</b>			<b>23,581,353</b>	<b>A</b>

Table 4  
Biennium Budget Additions

TABLE 4

Description of Addition	Prog ID/Org	Pos	\$\$\$\$	MOF
<b>See Attached - Consolidated Form B / Attachment 4 - "Various Other Adjustments"</b>				



Table 5  
Current Year (FY09) Restrictions

TABLE 5

Prog ID	FY09 \$\$\$	Impact	FY10 \$\$\$	FY11 \$\$\$
			*	*
HTH 420	\$315,528	The reduction of funds will result in a decrease in the number of mental health services research and evaluation projects to be conducted, delays in the reporting of service data, and delays in the completion of computer troubleshooting and repairs.	315,528	315,528
HTH 430	\$105,067	The reduction of funds will require services previously provided by contracted staff to be provided by Hawaii State Hospital employees.	105,067	105,067
HTH 440	\$200,000	ADAD updated its utilization review of all current prevention & treatment (Tx) contracts to assess svc needs statewide. After realigning existing funds to meet vital svc needs, it appeared that there were 3 svc areas that would incur savings: the adolescent residential Tx svcs, adolescent outpatient Tx svcs & adult outpatient svcs. These savings will be incurred due to the discontinuation of contracts w/in the adolescent & adult Tx svc areas & the delay in operationalizing the newly procured Adolescent Outpatient svcs.	200,000	200,000
HTH 460/HO	\$500,000	Funds were used for group home placements for youth who tend to not do well in other residential treatment settings. Although there are relatively few of these youth in the CAMHD program, specialized treatment settings are desirable. Program has been closed/alternative settings were secured.	500,000	500,000
HTH 501	\$1,211,153	The Partnerships in Community Living (PICL) funds were used to provide contracted services for persons that were not eligible for Medicaid. Examples of these services are 1) supports for participation in community events and activities, 2) medical and dental expenses not covered by Medicaid or third party insurance (e.g. applied behavioral analysis, root canals); 3) self directed supports; 4) personal assistance and waiver program type supports for those individuals that have income from employment; 5) Services to citizens of the Compact of Free Association (COFA); 6) Emergency supplies and adaptive equipment and 6) short term housing assistance to transition from institutional (hospital/nursing home) to independent living (adaptive furniture and appliances). Without this funding, families who do not qualify for Medicaid assistance will be required to provide these supports for the person with disability. For some individuals without family support, some services are available from other programs and agencies.	1,211,153	1,211,153

Table 5  
Current Year (FY09) Restrictions

TABLE 5

HTH 560	\$42,000	Hana Health POS Contract - Emergent and primary care services. The impact, in terms of loss of revenue on a per patient basis, is that the proposed add'l Executive Restriction (ER) will likely result in the organization not being compensated for approximately 442 uninsured primary care visits. In assessing the impact of the restrictions to the financial condition of the organization as a whole, the proposed \$42,000 ER and the \$28,000 LDR (legislative discretionary reduction) will likely result in a decrease in the hours of operation for emergent care services.	42,000	42,000
HTH 560	\$88,000	Waianae Coast Comprehensive Center POS Contract - 24 hour emergency room services. According to the U.S. Department of Health & Human Svcs, Agency for Healthcare Research & Quality, Medical Expenditure Panel Survey, the <i>median</i> expenditure for an emergency room visit was \$299.00 in 2003. Given this cost, the impact on a per patient basis is uncompensated care for approximately 221 uninsured emergency room visits. In assessing the impact of the restrictions to the financial condition of the organization as a whole, the proposed \$88,000 ER & the \$44,000 LDR will likely result in a decrease in the hours of operation for emergency room svcs which is currently on a 24 hour/7 days a week schedule.	88,000	88,000
HTH560	\$1,942,943	Healthy Start's FY 09 budget had already been affected by the DHS 12% TANF funding cut on its \$1.6M (MOF: U). Add'l restrictions on Healthy Start also meant limiting new enrollment, perhaps by raising the acuity requirement from 30 to 35 to participate in Home Visiting svcs. Due to cost constraints, the program has already had to raise the cut-off score from the recommended 25 to 30. If the cut-off score is raised again, roughly one third of families w/ significant stressors would no longer receive home visiting svcs. This may lead to a rise in child abuse & neglect.	1,942,943	1,942,943
HTH 906	\$30,658	Workforce map contract--Originally the study was to focus on physician and healthcare worker shortages in the State of Hawaii by county. As a result of the restrictions, the study will now focus only on physician shortages in the State by county.	-	-
Total	\$4,435,349		\$4,404,691	\$4,404,691

\* Reflects FY 09 restrictions proposed for reductions in FB 2009-11.

Table 6  
Program Performance Results

**TABLE 6**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
	Please refer to the " <b><i>OPERATIONAL BUDGET NARRATIVE</i></b> " for information and data on <b>Table 6</b> .					

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FY 2009-11**

**1. Introduction**

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

**b. Summary of Program Objectives**

The overall objective of the Environmental Health Services Division is to protect the community from food borne illnesses, unsanitary or hazardous conditions, adulterated or misbranded products, vector-borne diseases, and to control noise, radiation, asbestos, lead and indoor air quality.

The Environmental Health Services Division consists of four statewide branch-level programs – Food & Drug Branch; Indoor & Radiological Health Branch; Sanitation Branch; and Vector Control Branch.

The major activities performed by these programs 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 collect and test samples of shellfish and other marine life for compliance with standards of purity and quality.
4. Abatement: Control the breeding areas of vectors through the application of chemicals 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.

## 2. Program Performance Results

### a. Program Performance Results

#	<u>Measures of Effectiveness</u>	<u>Direction of Success (increase/decrease)</u>	<u>FY07 Result</u>	<u>FY08 Result</u>	<u>FY09 Plan</u>	<u>FY10 Plan</u>
HTH 610 Environmental Health Services						
1	Percentage of schools in compliance with AHERA (IRH)	increase	99	96	95	95
2	Percentage of mosquito breeding sites treated (VC)	increase	18	100	100	100
3	Percentage of small mammals trapped & tested for vector borne diseases (VC)	increase	38	5	5	5
4	Percentage of service requests responded within 2 days (VC)	increase	75	82	80	80
5	Percentage of food products analyzed not adulterated (F&D)	increase	90	95	95	95
6	Percentage of food service establishments that meet standards (SAN)	increase	100	100	100	100
7	Percentage of complaints responded to within 2 days of receipt (SAN)	increase	63	83	85	85
8	Percentage of noise permits in compliance (IRH)	increase	99	99	99	99
9	Percentage of radiation facilities in compliance (IRH)	increase	50	39	50	50
10	Percentage of food manufacturers/distributors within rules (F&D)	increase	95	100	100	100

### b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.

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. Discuss how performance results inform (guide/direct) program activities.**

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 public interests in the areas of food safety, in food service establishments, retail facilities, wholesale outlets, food manufacturers, as well as, temporary food services. New vector species and disease pathogens introduced to Hawaii from abroad continues to be of concern. There are increasing concerns of indoor air quality issues, particularly with regards to biological pollutants. Prescribing and dispensing of prescription drugs and medical devices by health care professionals have become major concerns 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, have also grown to great significance. The growing sophistication and awareness of the general public, and the greater demand for a more sanitary and safe environment, requires that programs keep abreast with current issues and trends, and effectively address public health needs.

The Environmental Health Services Division has developed its public health and environmental goals and indicators, and measures of effectiveness of program actions. Progress toward achieving goals is tracked by measuring and tracking indicators in order to achieve the effectiveness of program activities.

All programs within the EHSD have developed a strategic plan to aid the Division in identifying program priorities and strategies for moving efficiently toward program goals. The need to continue strategic planning is a significant activity in order to maintain the traditional public health services, and to address new and emerging trends.

**d. Identify any modifications to your program's performance measures and discuss the rationale for these modifications - None**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 710, State Laboratories Services

**b. Summary of Program Objectives**

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

**2. Program Performance Results**

**a. Program Performance Results**

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. Maintaining laboratory proficiency with accurate and timely results is our primary goal.

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% False Positive Lab Test Results	decrease	0	0	0	0
2	% False Negative Lab Test Results	decrease	0	0	0	0
3	% Requests for Services Met	increase	99	99	99	99
4	% Proficiency tests performed meeting proficiency standards	increase	100	100	100	100

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

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. Discuss how performance results inform (guide/direct) program activities.**

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. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" – None**



**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 840, Environmental Management

**b. Summary of Program Objectives**

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

**2. Program Performance Results**

**a. Program Performance Results**

#	<u>Measures of Effectiveness</u>	<u>Direction of Success (increase/decrease)</u>	<u>FY07 Result</u>	<u>FY08 Result</u>	<u>FY09 Plan</u>	<u>FY10 Plan</u>
HTH 840	Environmental Management					
	% Covered sources in compliance with air rules and permits.	increase	92	93	92	92
	% Wastewater effluents/biosolids reused for beneficial purposes.	increase	16	17	17	17
	% Wastewater dischargers in compliance with permits.	increase	91	96	96	96
	% Marine recreational sites in compliance with rules.	increase	100	100	100	100
	% Public drinking water systems meeting health standards.	increase	97	97	93	93
	% Injection well facilities with a UIC permit.	increase	50	53	57	57
	% Solid and hazardous waste facilities in compliance.	increase	64	55	60	60
	% Underground storage tank facilities in compliance.	increase	90	88	87	87
	% Wastewater revolving funds loaned.	increase	86	99	94	90
	% Wastewater systems in compliance with rules.	increase	82	62	80	80

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

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 implement 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 the monitoring of these facilities are important roles 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. Discuss how performance results inform (guide/direct) program activities.**

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 these 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 which serves as a guide to setting program priorities and selecting strategies for implementing priorities.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications - None**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

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

**b. Summary of Program Objectives**

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

**2. Program Performance Results**

**a. Program Performance Results**

#	<u>Measures of Effectiveness</u>	<u>Direction of Success (increase/decrease)</u>	<u>FY07 Result</u>	<u>FY08 Result</u>	<u>FY09 Plan</u>	<u>FY10 Plan</u>
HTH 849 Environmental Health Administration						
1	% Oil/Chem/Haz Spill Responses/Cleanups Investigated	increase	17	17	30	30
2	% of Complete Chemical Inventories Reported	increase	100	100	100	100
3	% of Target Group that has been Assisted	increase	15	15	10	10

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

The Environmental Health Administration consists of 3 offices which provide planning, policy and administrative support to two statewide division level environmental programs (HTH 610, Environmental Health Services Division and HTH 840, Environmental Management Division). The effectiveness of these offices is reflected in the measures of these programs. In addition this program includes a fourth office, the Hazard Evaluation and Emergency Response (HEER) Office which provides hazard evaluation and emergency response services.

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. Discuss how performance results inform (guide/direct) program activities.**

In FY 06, the HEER Office received 358 notices for releases of hazardous substances or oil spills and responded as the State's lead agency. Eighty-two cases required direct action including several ship groundings. In addition, 149 project activities were completed at 102 contaminated sites by remedial project managers. The completed activities included 102 site assessments, 8 removal actions, 6 remedial actions, and 11 Unregulated Storage Tank (ST) closures. Of the activities, 106 resulted in a no further action designation or oversight by the HEER Office.

The DOH, through the HEER Office efforts, has been developing programs and capabilities for managing contaminated site and cleanup activities. For example, the Hawaii Voluntary Response Program (VRP) and Brownfields Program are designed to encourage and facilitate the assessment, cleanup, and redevelopment of contaminated property. These two complement each other and operate collaboratively with the national U.S. EPA Brownfields Program. Through increased community outreach for the VRP and Brownfields Program, the HEER Office has encouraged responsible parties to assume the cost for cleaning up contaminated property with HEER oversight. For example, a Brownfields forum was conducted in FY06 with 180 attendees in order to promote awareness, outreach, and education about the program.

Also in FY 06 the HEER Office hosted two partnership training events, the Environmental Sampling and Environmental Forensics, in order to provide technical guidance and foster cooperative relationships with clients, peers, and interested parties in an effort to protect and preserve the environment.

As a follow up to the HEER Office arsenic study in the Kea'au area of Hawaii County, seven public workshops and a briefing for Mayor Kim were conducted to discuss the results of the sampling.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications - None**

EXECUTIVE BIENNIUM BUDGET REQUEST  
 Department of Health  
 FB 2009-11

**1. Introduction**

- a. Program I.D. & Title HTH 850, Office of Environmental Quality Control
- b. 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.

**2. Program Performance Results**

**a. Program Performance Results**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	Enforcement of HRS 343	increase	100%	100%	100%	100%
2	Educate community and agencies about environmental issues	increase	100%	100%	100%	100%
3	Represent the Governor when necessary	increase	100%	100%	100%	100%
4	Assist Environmental Council	increase	100%	100%	100%	100%

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

Enforcement of HRS 343

- Field reviews of minor projects that need to be reviewed for State, County and private sector to determine EA and/or EIS status and potential Environmental impacts: i.e., cumulative impacts, secondary impacts, and cultural impacts.
- Review all environmental assessments and impact statements for adherence to Ch. 343, HRS; notify the public of their availability for review and comment in the bi-monthly publication *The Environmental Notice*.
- *The Environmental Notice* gives the public and other agencies an avenue to provide written comments, receive a response, and participate in the environmental review process of all development projects that trigger Ch. 343, HRS. This establishes a method that may reduce litigation of development proposals.
- Offer advice and assistance to private industry, governmental agencies, and the public upon request.

Educate community and agencies about environmental issues

- OEQC is responsible for the development of a review process to analyze the potential project cumulative impacts, secondary impacts, cultural impacts and HRS Chapter 343 training sessions.
- Maintain an up-to-date website resource library of environmental assessments and impact statements for use by developers, agencies, students, and the public.
- Attend conferences, seminars, and other public meetings.
- Enable all sectors to reach a common goal of better responding and filing procedures, also allows for better communication.

Represent the Governor when necessary

- The director shall have such powers delegated by the governor as are necessary to coordinate and, when requested by the governor, to direct all state governmental agencies in matters concerning environmental quality.
- Serve the governor in an advisory capacity on all matters relating to environmental quality control.
- Encourage public acceptance of proposed legislative and administrative actions concerning and improve the streamlining of communications between the public, and other agencies.

Assist Environmental Council

- Assist the Environmental Council in rulemaking to support Ch. 343, HRS.
- Assist the Environmental Council regarding review of requests for concurrence on amendments to agency exemption lists, preparing their annual report and engage in legislative matters to protect the environment.
- The Environmental Council serves as a liaison between the director and the public by soliciting information, opinions, complaints, recommendations, and advice concerning ecology and environmental quality through public hearings.

**c. Discuss how performance results inform (guide/direct) program activities**

All of the above are mandated by Chapter 341 and 343, HRS and Chapter 11-200, HAR.

**d. Identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate.**

None.

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

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

**2. Program Performance Results**

**a. Program Performance Results –**

#	Measures of Effectiveness	Dir. of Success (inc/dec)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	New Active TB Case Rate per 100,000 Residents	Decrease	8.9	9.5	9	9
2	Active TB Cases Proprt'n Compl Recom Therapy (%)	Increase	92	97	93	93
3	Latent TB Cases Propt'n Compl Recom Therapy (%)	Increase	57	58	58	58
4	Chlamydia Case Rate per 100,000	Increase	443	485	470	470
5	Gonorrhea Case Rate per 100,000	Increase	59	71	53	53
6	Newly Reported AIDS Cases per 100,000	Increase	7.4	8	8	8
7	Newly Diagnosed Hansen's Disease Cases per 100,000	Increase	1	1	1	1
8	% Outpatients w/new Complications From Hansens Dis	Increase	1	1	1	1
9	Ann'l Kalaupapa Registry Patient Care/Resident Days	Increase	5689	5184	5197	5197
10	% Kalaupapa Pts Rcv'ng Ann'l Phy Eval/Rehab Prgm	Increase	100	100	100	100

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

All ten performance measures are consistent with the Department's stated mission "to protect and improve the health and environment for all people in Hawai'i". The

measures were selected two years ago as a broad cross section of program objectives. Performance measures 1, 2, 3, 4, 5, 6 and 7 relate directly to reducing the incidence of established communicable diseases of public health importance (TB, STDs, HIV and Hansen's disease) by adopting preventive measures and by undertaking programs of early detection and effective treatment. Performance measures 2, 4, 5, 6, 7, 8 and 10 relate to reducing the severity of these diseases. Performance measures 2, 3, 4, 5, 6, and 10 related to reducing the disabling effects of these diseases. The final two performance measures (9 and 10) relate to the only other stated communicable disease program 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".

**c. Discuss how performance results inform (guide/direct) program activities.**

The incidence of active TB was increased above baseline in FY 07 and FY 08. The variance is attributable to the larger number of TB cases in migrants from the countries that participate in the Compact of Free Association (COFA). As a result, the TB program intensified efforts to prevent and control tuberculosis in this community and participated in outreach activities. TB control also requires cooperation of many different federal, state, and local groups. This year alone, our program actively participated in meetings of the Governor's COFA Task Force, worked closely with the U.S. Center for Disease Control and Prevention (who are improving identification and treatment of active TB in country), coordinated a large multidisciplinary meeting for TB prevention and control at the DOH in response to a cluster of cases of multi-antibiotic resistant TB in Chuuk, and sent a "medical alert" to Hawaii's physicians reminding them to be alert for TB cases, including drug-resistant cases.

The other performance measures demonstrate positive changes in the intended performance targets. Individuals with active (contagious) TB that completed the recommended course of therapy improved, and are close to the 95% benchmark established by CDC. Improving medication completion rates for individuals with latent TB infection is also improving. These measures of medication completion rates reinforce the emphasis that we need to maintain, and in the case of latent TB infection, even increase in the future.

Chlamydia and gonorrhea are the two most common reportable diseases in Hawaii. The incidence of chlamydia has been increasing, which is considered positive at this time due to recent program activities and expenditures to increase chlamydia testing and case identification. Gonorrhea incidence decreased significantly due to a large number of cases identified in 2003 when a more sensitive test for gonorrhea was available and was expanded. This validates our current efforts with gonorrhea control. We would like to see the same trend with chlamydia rates, discussed above, but expect that we will have to identify a significantly large number of cases of chlamydia compared with gonorrhea before rates start to drop.



The rate of newly reported AIDS Cases remained relatively unchanged. AIDS incidence has been the traditional marker for monitoring the HIV epidemic. This year, the Hawaii

Administrative Rules Chapter 156 for notifiable communicable diseases was officially changed to allow for accurate HIV reporting. This is a much better measure of the current epidemic. We will be changing from monitoring AIDS incidence to HIV incidence in the future, but cannot make this change now, as we are just establishing Hawaii's baseline for HIV incidence.

Hansen's disease ("leprosy") program data demonstrate performance trends in a positive direction. The incidence of reported Hansen's disease in Hawaii tends to fluctuate between 10 and 25 per 100,000, so our current rate of 10 per 100,000 indicates relatively good control. The higher number would dictate the need for additional efforts. The reduced rate of complications in outpatients associated with Hansen's disease is a reflection of timely nursing case management which helps to reduce complications of Hansen's disease. This measure is useful both to anticipate budget requirements (Hawaii Revised Statutes requires treatment of complications of Hansen's disease) and a valuable performance measure for timely diagnosis and early successful treatment of active Hansen's disease.

Kalaupapa patient care days (a combination of days patients either received medical care or were in a care home or hospital) were slightly reduced. In the context of the larger reduction in numbers of living Kalaupapa registry patients, however, this number reflects an increase in patient care days per patient. This is caused by higher patient acuity in this aging cohort and informs us as to trends in anticipated medical costs (excluding the increased costs of medical care and inflation) for this program. The percentage of Kalaupapa patients receiving an annual physical evaluation and rehabilitation program has been 100% recently. This tracked measure was selected two years ago because at that time there were staff losses and coordination difficulties that made uniform compliance with this basic health care standard difficult. Although staff losses associated with employee turnover continues, this measure helps to ensure that this basic standard is being done and provides internal feedback on our ability to provide preventive health care.

- d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications – "None"**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

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

**b. Summary of Program Objectives:**

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

**2. Program Performance Results**

**a. Program Performance Results –**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
	HTH 131 Disease Outbreak Control					
1	indigenous measles case rate per 100,000	decrease	0	0	0	0
2	indigenous pertussis case rate per 100,000	decrease	4	1	1	9
3	% reported vaccine-preventable diseases investigated	increase	100	100	100	100
4	% reported food complaints investigated	increase	86	97	90	92
5	% reported zoonotic diseases investigated	increase	100	100	100	100
6	% school students meeting immunization requirements after follow-up	increase	99	99	99	99
7	% preschoolers meeting immunization requirements after follow-up	increase	100	99	99	99
8	% infants born to hepatitis B carriers starting hepatitis B series	increase	100	100	100	100

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

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 measures on surveillance, disease investigation, and promotion of immunizations 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. Discuss how performance results inform (guide/direct) program activities.**

Performance results indicate areas of need and guide our decisions on the amount and method of deployment of human and capital resources. DOCD staff are committed to continual enhancement of program performance measure outcomes to ensure public health and safety needs are addressed.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. – None**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 141, Dental Diseases

**b. 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.

**2. Program Performance Results**

**a. Program Performance Results**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% Pre-School & School-age children receiving oral health education services	increase	10	20	20	20
2	% School-age children receiving topical fluoride application	increase	10	14	15	15
3	% Persons in DOH institutions receiving dental services	increase	90	94	92	92
4	% Persons in DOH dental clinics who complete dental treatment	increase	40	56	50	50

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

The measures are proxy indicators relating to both dental disease prevention and treatment programs. School-based programs target communities with high rates of dental disease among young children. These programs provide a combination of oral health screening examinations and referral for treatment of children found to have treatment needs and grade-appropriate classroom-based oral health and hygiene training. Dental treatment programs target persons in our community with severe disabilities that seriously limit their access to basic dental treatment services through private dental providers. These programs are aligned with the mission of the Department of Health and program objectives of the Dental Health Division.

**c. Discuss how performance results inform (guide/direct) program activities.**

The performance results are proxy indicators of overall program performance. For instance, the "percentage of persons in DOH institutions receiving dental services" provides a view of both the performance of Dental Health Division program staff and facilities as well as utilization of services by persons residing at State facilities. The information is utilized for dental clinic program monitoring, evaluation and program planning, and also as a gauge of dental program performance relating to institutional licensing and accreditation requirements.

As another example, by monitoring the "percentage of pre-school and school-age children receiving oral health education services", the Division is able to direct limited resources to help assure that as many Hawaii school children as possible receive oral health and dental hygiene training in a positive and nurturing environment. The measure also helps the Division plan for coverage in communities, including the neighbor islands, where the Department lacks dental hygiene staff sufficient to assist in addressing community needs.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none"**

None

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 560 Family Health

**b. 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 and rehabilitative services.

**2. Program Performance Results**

**a. Program Performance Results –**

#	Measures of Effectiveness	Dir. of Success (inc./dec.)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	Degree Div Performs 10 Essent Pub Hth Func (0-30)	increase	20	22	20	20
2	% Uninsured ind rec subsidized Primary Care POS	increase	25	82	82	82
3	% Children (0-21) W/SP Hth Care Needs @/Med Home	increase	48	48	48	48
4	Rate of Birth Defects (Per 10,000 live births)	decrease	500	500	500	500
5	% ID overweight WIC wmn & child > 2 yrs rec counseling	decrease	100	100	100	100
6	% of WIC women who initiate breastfeeding	decrease	89	87	88	88
7	% Very low Birthwgt Inf Born in Subsidized MCHB POS prog	decrease	0.5	1	1	1
8	% Ind Rec Fam PI Violence Sex Assault Pre Ed-POS	increase	25	25	25	25
9	% Child 0-3 Dev Delay Bio/Env Risk EI Serv @ IFSP	increase	8	7	7.5	7.5
10	% POS At-risk Families Serv No Rep Child Abuse/Neg	decrease	99	99	96	96

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

**MOE 2. % UNINSURED IND REC SUBSIDIZED PRIMARY CARE – POS**

The Department's Family Health Services Division contracts with 15 community-based health providers to provide comprehensive primary care services to uninsured and underinsured individuals and families (at or below 250% Federal Poverty Level) statewide. According to 2002 US Census Bureau data, ten percent or 123,000 of Hawai'i's population were uninsured and approximately 79,000 individuals would qualify for contracted health services. The current economic downturn has undoubtedly increased the number of uninsured who would qualify for services today. Services include medical (perinatal, pediatric, adult primary care), behavioral health care, dental treatment, support services and pharmaceutical services. Measures of program effectiveness are based on Healthy People 2010 objectives and Maternal and Child Health Services Title V Block Grant Program national and state performance measures that focus on improving access to

primary health care services to reduce morbidity and mortality by providing timely, appropriate, and less costly care, and thereby prevent the development and exacerbation of serious health conditions.

**MOE 7. % VERY LOW BIRTHWGT INF BORN IN SUB MCHB POS PROG**

The 10 perinatal health and 3 Baby S.A.F.E. (Substance Abuse Free Environment) Programs provide outreach, risk assessment, screening, case management/care coordination and referral to high-risk pregnant women. Similar services are offered through the HRSA Eliminating Perinatal Health Disparities Grant (Hawaii County) targeting Hawaiian, Pacific Islander, Hispanic women and adolescents with services through 2 years following birth. Numerous complex factors, psycho-social and/or medical, affect a high risk pregnancy. Support services throughout a pregnancy and into the six month post-partum/interconception periods increases the likelihood of a good birth outcome and provides time to assess and address post-partum depression and other stressors which can increase risks associated with mental health, day-to-day coping, stress and care of ones infant.

**MOE 8. % IND REC FAM PL VIOLENCE SEX ASSAULT PRE ED – POS**

Diverse programs are addressing this measure as it requires a comprehensive approach to address issues of violence not limited to sexual assault, domestic/intimate partner violence and dating violence. The Family Planning Program serves populations not limited to the uninsured and low income individuals, homeless, substance users, adolescents and has a special project reaching out to males who engage in risky behaviors. Other services include community-based education and MCH programs also include after-school programs, and partnerships to increase community awareness and education for the prevention of violence against women including sexual assault. Services are designed to prevent and promote connections to support for those in need of resources. The consequences of physical and psychological violence are severe and often long-term including mortality, physical and psychological morbidity, lost productivity and social isolation.

**MOE 10. % POS AT-RISK FAMILIES SERV NO REP CHILD ABUSE/NEG**

Healthy Start home visiting services provide screenings and assessments to identify prenatal women and families at-risk for child maltreatment, developmental delay and sub-optimal health. Services promote parenting skills to prevent and reduce the risk of child maltreatment. Performance results reflect the success of program services in preventing child abuse and neglect.

**c. Discuss how performance results inform (guide/direct) program activities.**

**MOE 2. % UNINSURED IND REC SUBSIDIZED PRIMARY CARE – POS**

Quantitative and qualitative data is collected yearly and monitored to assess contracted health providers' service delivery, evaluate and prioritize health care needs, identify problems, improve programs and address other systemic issues impacting outcomes. These data are an essential component of the needs assessment process that drives program planning and helps secure grant funding for continuation of program activities.

**MOE 7. % VERY LOW BIRTHWGT INF BORN IN SUB MCHB POS PROG**

All services described above focus on improving Healthy People 2010 goals for increasing entry into prenatal care in the first trimester and decreasing the incidence of preterm births, low birth weight, and very low birth weight infants. This quantitative and qualitative data is

collected and monitored to assess service delivery, improve programs and address other systemic issues impacting outcomes.

**MOE 8. % IND REC FAM PL VIOLENCE SEX ASSAULT PRE ED – POS**

All services described focus on decreasing violence on multiple levels within communities and the state. This quantitative and qualitative data is collected and monitored to assess service delivery, improve programs and address other systemic issues impacting outcomes.

**MOE 10. % POS AT-RISK FAMILIES SERV NO REP CHILD ABUSE/NEG**

Quantitative and qualitative data is collected and monitored to assess service delivery, improve programs and address other systemic issues impacting outcomes.

- d. Please identify any modifications to your program’s performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate “none” – “None”**



**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

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

**b. Summary of Program Objectives:** To improve and maintain the health of individuals and communities by promoting healthy lifestyle choices, advocating for systemic, 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 and promote the use of best and promising practices to reduce the incidence and burden of chronic disease and to reduce health disparities among populations.

**2. Program Performance Results**

**a. Program Performance Results --**

#	<u>Measures of Effectiveness</u>	<u>Dir. of Success (increase/decrease)</u>	<u>FY07 Result</u>	<u>FY08 Result</u>	<u>FY09 Plan</u>	<u>FY10 Plan</u>
1	Percentage of children 0-18 years of age with health insurance coverage that are monitored by the Public Health Nurses (PHNs)	Increase	89	82	85	85
2	Percentage of special needs children 0-3, monitored by PHNs with Individualized Family Support Plan (IFSP) that are completed within 45 days of receipt of the referral	Increase	70	70	75	75
3	Percentage of children who, by age two, are monitored by the PHNs that have complete immunizations.	Increase	75	87	75	75
4	Percentage of frail elderly that are monitored by the PHNs and that are maintained in the community.	Increase	70	50	70	70
5	Percentage of clients with medically fragile conditions, who are monitored by the PHNs, with emergency preparedness plan.	Increase	90	No Data	90	90
6	Percent of persons with diabetes who have had at least two A1c tests during the past year.	Increase	78.2	76	66	67
7	Percent of adults and children who are hospitalized for asthma.	Decrease	No Data	No Data	12	11.9
8	Percent of adult smokers.	Decrease	17.5	17	16.5	16
9	Percent of youth smokers.	Decrease	4.8	14	14.5	14
10	Percent of limited or non-English speaking clients referred to and receiving health.	Increase	87	88	85	85

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

The Measures of Effectiveness are related to the core functions of public health which related to access to care, chronic disease management and control, immunization, assurance for the at risk and medically fragile and vulnerable populations and addressing federal mandates such as IDEA, and meeting either court mandate or language access legislation. The work of both the Public Health Nursing Branch and the Chronic Disease Management and Control Branch are clearly identified as part of the major functions of the department. These measures align to the essential components of public health and therefore align with the departmental mission and program objectives.

**c. Discuss how performance results inform (guide/direct) program activities.**

The programs utilize disease burden data which includes indicators for social determinants of health, disparities and disease prevalence the performance measures help to guide the direction of services and resource allocation. These performance results align to core public health functions.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" – "None"**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 595, Health Resources Administration

**b. 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 diseases, developmental disabilities, family health, community health nursing and bilingual health services.

**2. Program Performance Results**

**a. Program Performance Results –**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% MOEs Health Resources Admin programs showing beneficial changes	increase	no data	36	36	36

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

All of the HRA program measures support the mission of the Department of Health to optimize the health of all the people of Hawaii.

**c. Discuss how performance results inform (guide/direct) program activities.**

HTH 595 is the overall administration program for Health Resources Administration (HRA). Discussion of performance results is within the testimony of the programs under HRA. Performance results indicate areas of need and guide our decisions on the amount and method of deployment of human and capital resources. HRA staff remain committed to continual improvement of program performance measure outcomes to ensure public health and safety needs are addressed.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. – None**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2010 – 11**

**1. Introduction**

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

**B. 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.

**2. Program Performance Results**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
HTH 730 Emergency Medical Services & Injury Prevention System						
1	% Responses Meeting Response Time Standard - Oahu	increase	91.5	90.5	90	90
2	% Responses Meeting Response Time Standard - Kauai	increase	96.2	95.2	90	90
3	% Responses Meeting Response Time Standard - Hawaii	increase	92.3	90.4	90	90
4	% Responses Meeting Response Time Standard - Maui	increase	92.9	91.7	90	90
6	% Increase in Number of Persons Trained in Injury Prevention	increase	152	228	10	10
7	% of Age Appropriate Restraint Use in Motor Vehicles Statewide	increase	70	88	85	85

**A. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives**

Ambulance response time measures the rapid and reliable arrival of EMS services after calling 911 for assistance. Response times are critical in effecting the outcome of emergency medical conditions and serious injuries as minutes can make a difference. Response time data assists with measuring appropriate response to trauma injuries within the golden hour, and cardiopulmonary arrest within 8 minutes. Both measurements assist with measuring patient outcome within published recognized standards to maximize patient survival. The results thereby directly impact the Department's and EMSIPSB objectives of reducing death and disability due to acute life threatening health problems.

The performance measures for injury prevention measure the numbers of individuals trained in injury prevention and compliance with laws for restraint use in automobiles. Both measures have the potential to reduce death and disability, the first by increasing the capacity of communities to initiate effective evidence based injury prevention strategies, and the second by assuring a proven method of reducing death and disability from car crashes is widely used.

**B. Discuss how performance results guide (inform/direct) program activities.**

EMSIPSB monitors and analyzes response times to assure that services are reliable and to make recommendations for configuration of ambulance units and personnel in each county. When response time goals are not met, this may indicate the need for an additional ambulance unit or, that units may need to be relocated.

By monitoring the injury performance measures, EMSIPSB is able to shape community prevention activities and measure compliance with injury prevention recommendations and laws.

**C. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications.**

None.

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

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

**b. 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.

**2. Program Performance Results**

**a. Program Performance Results:**

#	Measures of Effectiveness	Dir- Success (inc/dec)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% of consumers living independently	inc	73	47	50	55
2	% of consumers employed	inc	23	7	15	20
3	% of satisfied consumers	inc	84	87	90	90

**b. Discuss how this Program ID’s Measures of Effectiveness relate to the Department’s mission and program objectives.**

The measures on the Quality of Life Inventory are the key outcome measures. They relate to the Adult Mental Health Division’s (AMHD) goal of improving the quality of life for the consumers under its care. Some of the quality of life indicators are also important indications of clinical risk.

In FY 2009, the AMHD inaugurated a quarterly provider report for providers to consolidate existing measures, introduce new service specific outcome measures, and trend those results.

The AMHD collects data on consumer satisfaction via the Mental Health Statistical Improvement Program satisfaction survey. These measures not only relate to the goal of satisfaction, but also measure the extent that the recipients of service respond that providers are supporting their recovery from mental illness.

The AMHD reviews clinical records in order to insure that its contracted and state operated providers are rendering comprehensive, integrated care that conforms to established recovery oriented and evidence-based practices.

**c. Discuss how performance results inform (guide/direct) program activities.**

All measures are reported and discussed in AMHD's Quality Improvement Committee (QIC), through subcommittees dedicated to specific functional areas (provider network quality, continuity and coordination of care, consumer and customer service). Generally, the subcommittees will recommend specific actions based on their analysis of data results (although the QIC can also recommend actions), which will be reviewed and approved by the QIC and the AMHD Executive Team. When the Sub-Committees identify and prioritize a measure or set of measures as a targeted opportunity for improvement, and the QIC concurs, a Performance Improvement Team (PIT) is chartered to further investigate root causes, develop and implement an improvement action plan, and monitor and evaluate the results. At any given time, AMHD has approximately 10 PITs actively working on specific improvement initiatives.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" – None**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

- a. Program I.D. & Title:** HTH 430 Adult Mental Health - Inpatient
- b. Summary of Program Objectives** (as presented in the Multi-Year Program and Financial Plan)

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

**2. Program Performance Results**

**a. Program Performance Results**

#	Measures of Effectiveness	Dir-Success (inc/dec)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% of patients discharged to community - based services	inc	86	66	66	90
2	% treated/discharged to prison/courts	dec	19	8	20	20

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

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 Hawaii State Hospital (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 our staff support the Hospital Plan for the Provision of Patient Care.



**c. Discuss how performance results inform (guide/direct) program activities.**

All units are responsible for following Hawaii State Hospital's Plan for Performance Improvement, including planned performance assessment and improvement activities, 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 (available on request).

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. Differences in approach between MEC and PIC will be mediated by 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.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none"**

None.

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title: HTH 440, Alcohol and Drug Abuse (ADAD)**

**b. 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.

**2. Program Performance Results**

**a. Program Performance Results**

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) 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 is 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 are detailed in the tables below.

During FY 2008, six-month follow-ups were completed for a sample of 1,274 adolescents. Listed in the following table are the outcomes for the sample.

<b>ADOLESCENT SUBSTANCE ABUSE TREATMENT – FY 2008</b>	
<b>MEASURE</b>	<b>PERFORMANCE OUTCOMES ACHIEVED</b>
Employment/School/Vocational Training	97.8%
No arrests since discharge	91.4%
No substance use in 30 days prior to follow-up	49.2%
No new substance abuse treatment	87.2%
No hospitalizations	96.9%
No emergency room visits	93.5%
No psychological distress since discharge	76.2%
Stable living arrangements	97.6%

During FY 2008, six-month follow-ups were completed for a sample of 1,273 adults. Listed in the following table are the outcomes for the sample.

ADULT SUBSTANCE ABUSE TREATMENT – FY 2008	
MEASURE	PERFORMANCE OUTCOMES ACHIEVED
Employment/School/Vocational Training	60.0%
No arrests since discharge	91.7%
No substance use in 30 days prior to follow-up	79.4%
No new substance abuse treatment	74.6%
No hospitalizations	91.6%
No emergency room visits	90.6%
Participated in self-help group (NA, AA, etc.)	50.9%
No psychological distress since discharge	85.4%
Stable living arrangements	80.3%

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

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 and thus promoting children's health; and (4) Promoting the health of pregnant women, injection drug users, and individual involved with in the criminal justice system and keeping them drug and alcohol free.

**c. Discuss how performance results inform (guide/direct) program activities.**

Currently, performance data from all providers are aggregated and the allocation of resources is driven by ADAD's procurement process in establishing and maintaining a continuum of core substance abuse services across the state. Decision making based on performance measures only are problematic, given the limitations in the numbers of available service providers (e.g., for clients requiring specialized methadone maintenance, dual diagnosis, etc.) and the need to assure the availability of core services statewide. ADAD will continue efforts to standardize and strengthen the collection and analysis of substance abuse treatment and prevention service data which will be addressed by the use of two web-based systems, Web-based Infrastructure for Treatment Services (WITS) and KIT Solutions. The division will continue efforts to design and refine these systems to collect and analyze data needed to meet all required state and federal reporting requirements, including the Substance Abuse and Mental Health Services Administration (SAMHSA)-National Outcome Measures (NOMS); to address contract monitoring and oversight efforts; as well as collect other quality assurance information to assist the division in working

toward establishing a decision-making and funding process that incorporates the use of more performance outcome data.

- d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. - None**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

- a. **Program I.D. & Title:** HTH 460, Child & Adolescent Mental Health Division
- b. **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.

**2. Program Performance Results**

**a. Program Performance Results –**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% of Yths Admitted to Res Programs	Decrease	14.7	15.9	15	15
2	Avg Length Stay (days) Chdrn/Youth in Resdntl Prgrm	Decrease	207	152	170	170
3	% Regis Yth Showing Imprvmt by CAFAS or CBCL % of Direct Scv exp for which Fed Reimb were	Increase	66	63	67	67
4	Recvd	Increase	25.6	3.3	6	6
5	% of Youth Unsrvd for More than 30 Days	Decrease	0	0	N/A	N/A
6	% of Youth wsvc Mismatches for more than 30 Days	Decrease	1	0.3	1	1
7	% Complex Intrnl Reviews Achieve Perfmcce Rate	Increase	95	100	100	100
8	% of Purchase-Of-Service Programs Monitored	Increase	100	100	100	100
9	No. Hrs Dev to Staff Trng/Dev in Evidence-Based Svc	Increase	234	160	380	380
10	Hrs Trng/Dev of Outside Prov in Evidence-Based Svc	Increase	330.3	252	350	350

- b. **Discuss how this Program ID’s Measures of Effectiveness relate to the Department’s mission and program objectives.**

The Child and Adolescent Mental Health Division (CAMHD) administers a statewide comprehensive system of mental health services that meet the treatment needs of youth with the most intensive mental health needs in the State. Measures of effectiveness relate to the DOH’s mission and program objectives by assuring that the State is maintaining compliance with all Federal and State mandates and that youth have access to quality, evidence-based services that allow them to achieve positive functional outcomes. CAMHD serves youth in the least restrictive environment whenever possible. The focus of the program is for children and youth to achieve sustainable results using the strengths of youth, families, and

communities. CAMHD's program assures services are cost-effective and that the State is maximizing Federal reimbursements for services provided to eligible youth.

**c. Discuss how performance results inform (guide/direct) program activities.**

CAMHD has built performance management practices that include tracking of performance data across all aspects of service delivery and care. Monitoring is systematic and spans all areas of care. Data is used to determine how well the system is performing for youth and how well youth are progressing. The performance measures are a key tool in aligning the work of the organization to achieve results in 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.

Specifically, performance results are showing a slightly higher percentage of youth are receiving services in residential treatment programs, but the average lengths of stay for youth in these programs have decreased. Moreover, data is showing that, overall, youth have higher acuity and more serious problems with functioning than in years past. These three indicators guide program activities by "raising the bar" for CAMHD programs in providing more targeted and effective interventions that allow youth to move through treatment fairly quickly and return to their homes and schools with minimal disruptions to their lives. Further, data shows that there are almost no gaps in services for youth, which demonstrates that service access and availability is adequate.

CAMHD continues to receive Federal reimbursements for a number of aspects of program implementation. This includes reimbursement for a percentage of costs for QUEST and Medicaid fee-for-service eligible youth. CAMHD has begun to receive these reimbursements completely on a fee-service basis versus on a partial non-risk capitation basis. Performance results for the percentage of direct service cost for which federal reimbursements are received have decreased and are likely to decrease further in the coming fiscal year due to adjustments during this change in reimbursement methodology. This will mean considerable changes to the CAMHD program to meet all costs within CAMHD's allotment.

The performance results for monitoring show that CAMHD continues to monitor all aspects of care and achieves sustainability of results at the school complex service system level following the Felix Consent decree. Results show that training hours have decreased, but in order to achieve a continuation of program results and improvement in child functioning, training should increase in the coming years.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none"- None.**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

- a. **Program I.D. & Title:** HTH 495 Behavioral Health Administration
- b. **Summary of Program Objectives** (as presented in the Multi-Year Program and Financial Plan)

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.

**2. Program Performance Results**

**a. Program Performance Results:**

#	Measures of Effectiveness	Dir- Success (inc/dec)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% of purchase-of-service programs monitored	inc	100	70	100	100

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

The Adult Mental Health Division reviews clinical records in order to insure that its contracted and state operated providers are rendering comprehensive, integrated care that conforms to established recovery oriented and evidence-based practices. Clinical records are also reviewed during claims monitoring to verify that services are appropriately billed and adequately documented.

**c. Discuss how performance results inform (guide/direct) program activities.**

All measures are reported and discussed in AMHD's Quality Improvement Committee (QIC), through subcommittees dedicated to specific functional areas (provider network quality, continuity and coordination of care, consumer and customer service). Generally, the subcommittees will recommend specific actions based on their analysis of data results (although the QIC can also recommend actions), which will be reviewed and approved by the QIC and the AMHD Executive Team. When the Sub-Committees identify and prioritize a measure or set of measures as a targeted opportunity for improvement, and the QIC concurs, a Performance Improvement Team (PIT) is chartered to further investigate root causes, develop and implement an improvement action plan, and monitor and evaluate the results. At any given time, AMHD has approximately 10 PITs actively working on specific improvement initiatives.

- d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" – None**



**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 501 Developmental Disabilities

**b. 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.

**2. Program Performance Results**

**a. Program Performance Results**

#	Measures of Effectiveness	Dir Success (inc/dec)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% of Persons Receiving Developmental Disabilities Services	increase	32	33	33	33
2	Number of Persons with DD Remaining in Institution (Small ICF-MR)	increase	78	79	82	82
3	Number of Adults Choosing Their Own Living Arrangements	increase	169	122	125	125
4	Number of Persons With Developmental Disabilities In Paid Employment	increase	158	194	200	200

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

DDD provides services that ensure health and well-being. By providing supports and habilitation services, persons with developmental disabilities are enabled to live successfully with their families in their community.

**c. Discuss how performance results inform (guide/direct) program activities.**

DDD performance results informed (guided/directed) DDD's: (1) ability to manage the Home and Community Based Services Medicaid Waiver growth, (2)

implement HCBS program changes, (3) eliminate HCBS waiting list, (4) increase community provider capacity, and (5) effectively provide supports to DDD individuals with complex behavioral and clinical support needs in the community. In addition, DDD continues to remain in compliance with class action court settlements, federal and state laws and regulations.

- d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" - None.**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

- a. **Program I.D. & Title:** HTH 590, Tobacco Settlement
- b. **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.

**2. Program Performance Results**

a. **Program Performance Results --**

#	Measures of Effectiveness	Dir of Success (inc/dec)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% of adults at healthy weight	increase	41	41	57	60
2	% of youth at healthy weight	increase	73	71	80	85
3	% adults engaging in moderate physical activity 30 min/day	increase	52	57	60	60
4	% adults engaging in leisure time p.a.	increase	81	82	87	90
5	% youth engaging in mod p.a. 30 min/day	Increase	65	N/A	70	75
6	% ≥2yrs older eating ≥3 servings veg/day	increase	8	29	29	30
7	% ≥2yrs older eating ≥2 servings fruits/day	increase	42	29	24	25
8	% adults smoking	decrease	18	13	16	15
9	% youth smoking	decrease	13	13	15	13

b. **Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

The Tobacco Settlement Project/Healthy Hawaii Initiative (TSP-HHI) has the priority function of promoting healthy behaviors and reducing chronic disease through the three primary prevention areas of nutrition, physical activity and tobacco use per HRS § 328L-4 that allocates the tobacco settlement special fund (TSSF) to the DOH. The TSP-HHI efforts in primary prevention for health promotion and the reduction of chronic disease supports the DOH mission to protect and improve the health and environment for all people in Hawaii. Also, the objectives of TSP-HHI support the goals of the department to promote the health

and well-being of all people in Hawaii, healthy lifestyles, and workplaces, and to prevent disease.

**c. Discuss how performance results inform (guide/direct) program activities.**

The risk and protective factor objectives of the TSP-HHI is to increase the rate of youth and adults who report, meeting recommendations for fruit and vegetable consumption, are at a healthy weight, and to reduce the use of tobacco. The long term health status objective is to reduce the incidence of deaths by coronary heart disease and stroke, and to reduce the incidence of diabetes, and lung and colorectal cancers. The ultimate goal is to extend the years of healthy life and to reduce existing health disparities in Hawaii. The TSP-HHI funds and evaluates all activities, provides training and the framework to support data reporting on the health status of Hawaii's population. The TSP-HHI also administers the Hawaii Health Data Warehouse, a web-based tool, and the Science and Research Group (SRG). The SRG manages the information governance to support the quality of data in and utilization of the HHDW to inform public health programming, policies, resource allocation and reporting.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" – "None"**

TSP- HHI needs to modify performance measures number 5, 6, and 7. (Table 6 performance measures have not been modified for this upcoming biennium)

Item 5: Was percentage of youth meeting physical activity recommendations of 30 minutes a day. Youth physical activity recommendations have changed to 60 minutes of physical activity most days of the week.

Items 6 and 7: Item 6: % people 2 years and older consuming 3 servings of vegetables a day; and Item 7: % people 2 years and older consuming 2 servings of fruits a day -- these items were developed based on the national Healthy People 2010 measures but now national and by state reports combine vegetable and fruit consumption measures together rather than separately. Also, the updated national recommendations increased the number of servings is at least five servings of fruits and vegetables a day. We are now measuring this as: "Item 6" - % adults consuming at least five servings of fruits and vegetables a day; and "Item 7" - % youth consuming at least five servings of fruits and vegetables a day.

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 720 MP; Office of Health Care Assurance

**b. 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.

**2. Program Performance Results -**

#	<u>Measures of Effectiveness</u>	Dir- <u>Success</u> <u>(inc/dec)</u>	<u>FY07</u> <u>Result</u>	<u>FY08</u> <u>Result</u>	<u>FY09 Plan</u>	<u>FY10 Plan</u>
1	Percent of facilities meeting minimum licensure / certification requirements	increase	100	100	100	100
2	Percent of unlicensed settings brought into compliance	increase	100	100	100	100
3	Percent complaints investigated and corrective action completed	increase	100	100	100	100

**a. Program Performance Results – See above.**

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

The general powers and duties of the Department are to have general charge, oversight, and care of the health and lives of the people of the State. To fulfill this charge, the Department may adopt rules as it deems necessary for the public health and safety respecting hospitals, nursing facilities, adult residential care homes, laboratories and other types of health care facilities. These rules include licensing requirements. Further, the Department is contracted with the U.S. Department of Health and Human Services (DHHS) via the Centers for Medicare and Medicaid Services (CMS) 1864 Agreement to carry out specific survey and federal certification-related provisions of the U.S. Social Security Act. As a result, the DOH Office of Health Care Assurance (OHCA) is tasked with the responsibility to satisfy the licensing survey and certification requirements of the state and federal governments on Hawaii's health care facilities.

The measures of effectiveness measure OHCA's success in carrying out its priority functions. Specifically, it measures OHCA's success in:

- conducting on-site surveys
- conducting certification-related activities
- investigating complaints to determine whether facilities meet minimum licensing and/or certification requirements
- ensuring that unlicensed facilities are brought into compliance with licensing requirements, and
- ensuring that facilities complete corrective action on complaints received.

**c. Discuss how performance results inform (guide/direct) program activities.**

Performance results are a direct indicator of the success of the program activities. Results show which program activities have been successfully completed or which activities require attention and additional resources. Where results are sub-optimal, program managers review internal and external factors that directly affected the results. They determine the reasons for the sub-optimal results, create an operational plan to remedy the deficiency, assign staff and other resources, and schedule on-site surveys or complaint investigations to ensure that the priority functions are completed as required.

When performance results are successful, the optimal scores confirm that a sound management plan was designed and implemented and that the management leadership, survey teams and administrative support personnel met or exceeded their objectives and assigned activities. Successful results help to reinforce and guide future management plans and operational implementation of future surveys and complaint investigations.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" – None.**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title: HTH 760 – Health Status Monitoring**

**b. 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.

**2. Program Performance Results**

#	Measures of Effectiveness	Dir- Success (inc/dec)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% Vital Records Issued within 10 Days from Request	Increase	69	70	70	70
2	% of Interviews Completed (Survey Efficiency)	Increase	50	50	50	50
3	% of Research or Statistics Request Responded to within 10 Days from Request	Increase	80	80	80	80

**a. Program Performance Results –**

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 fiscal year, our vital statistics program registered over 61,500 vital events and collected approximately \$1,625,000 in fees from the issuance of 300,000 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 Measures of Effectiveness Relate to the Department’s Mission and Program’s Objectives**

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 of 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 Performance Results Inform (guide/direct) Program Activities**

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. Identification of Modifications to Program Performance Measures and Rationale for Modifications. – None**



**EXECUTIVE BIENNIUM BUDGET REQUEST  
Department of Health  
FB 2009-11**

**1. Introduction**

- a. **Program I.D. & Title:** HTH 907, General Administration
- b. **Summary of Program Objectives:** To enhance the effectiveness and efficiency of overall departmental functions by planning, formulating polices, directing operations and personnel and by providing other administrative support.

**2. Program Performance Results**

#	<u>Measures of Effectiveness</u>	Dir- <u>Success</u> <u>(inc/dec)</u>	<u>FY07</u> <u>Result</u>	<u>FY08</u> <u>Result</u>	<u>FY09</u> <u>Plan</u>	<u>FY10</u> <u>Plan</u>
1	Percentage of Grievances Resolved (by DOH Staff Administration)	Inc.	65	65	81	80

- a. **Program Performance Results – See above “Table 6”:**
- b. **Discuss how this Program ID’s Measures of Effectiveness relate to the Department’s mission and program objectives.**

This measure is one of many that are consistent with the Department’s mission and objectives. The general administration ensures that guidance and support are provided to the Department’s programs to assist the programs in addressing and meeting their respective goals and objectives. This coordinated effort is with the overarching goal of meeting the Department’s 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. **Discuss how performance results inform (guide/direct) program activities.**

Since the activities of this program are administrative in nature, the effectiveness of this program can be measured by how well the program supports and facilitates the fiscal, budgetary, human resources, planning, and data processing requirements of the department’s public health programs.

- d. **Please identify any modifications to your program’s performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate “none” – None.**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 520 Disability and Communication Access Board

**b. 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.

**2. Program Performance Results**

**a. Program Performance Results**

#	<u>Measures of Effectiveness</u>	<u>increase</u>	<u>FY07 Result</u>	<u>FY08 Result</u>	<u>FY09 Plan</u>	<u>FY10 Plan</u>
1	% of Board Public Policy Recommendations	increase	80	80	80	80
2	% of Incoming Requests Adequately Responded to	increase	90	90	90	90
3	% of Objectives in DCAB Plan of Action Completed	increase	90	90	90	90
4	% of Sign Language Interpreters Tested who are Credentialed	increase	50	50	50	50
5	% of Document Reviews without Discrepancies	increase	80	80	80	80

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

Not directly applicable, as program is only administratively attached to the Department of Health

**c. Discuss how performance results inform (guide/direct) program activities.**

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. Modifications to your program's performance measures**

None



**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**a. Program I.D. & Title:** HTH 904, Executive Office on Aging

**b. 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.

**2. Program Performance Results**

**a. Program Performance Results –**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
	HTH 904 Executive Office on Aging					
1	All persons 60 years and older, percent served	Increase	37	39	39	39
2	All registered clients, including caregivers, % minority	Decrease	55	67	65	67
3	All registered clients/caregivers, % in greatest economic need	Increase	27	27	27	27
4	All registered clients/caregivers, % in low-income minority	Increase	20	21	21	21
5	All registered clients/caregivers, % living in rural areas	Increase	66	47	47	47
6	All registered clients, % difficulty doing 1 or more ADL	Increase	46	38	38	38
7	ADL	Increase	51	51	51	51
8	% Ombudsman Program cases responding within 72 hours	Increase	100	100	100	100

**b. Program's Measures of Effectiveness in relation to the Department's mission and program objectives.**

Program effectiveness is measured by looking at the Executive Office on Aging's (EOA) targeting performance and selected outcome measures. The Older Americans Act requires that in providing services to older persons 60 years and older, preference 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)).

In SFY 2008, state and federal funds provided services to an estimated 9,369 older adults for its registered services and to 1,537 adult, informal family caregivers of older adults (age 60+); and 251 grandparents or older individuals, age 55 years and older,

who were caregivers related to a child or children under age 18 or related to individuals with a disability up to age 59.

Some of the major services provided are:

- Family Caregiver Support Services
- Access Services
- Home and Community Based Services
- Nutrition Services
- Elder Abuse Prevention Education and Elder Rights Programs
- Long Term Care Ombudsman Program
- Senior Medical Patrol (SMP) Program
- Sage PLUS
- Healthy Aging Partnership – Empowering Elders (HAPEE)
- Aging and Disability Resource Center (ADRC)

**c. Discuss how performance results inform (guide/direct) program activities.**

The above-mentioned program results relate to EOA's ability to address its goals and objectives as described in the Hawaii State Plan on Aging for 2007 to 2011 through program activities provided as part of various types of services.

- Older adults are able to make informed decisions through accurate information through program activities and referral, public information, outreach, the Aging and Disability Resource Center in Hilo and a virtual site on Oahu.
- Older adults are helped to age in place, live independently in their own homes, and delay their institutionalization as long as possible through program activities under access, in-home, community based, and nutrition services.
- Family caregivers have services to enable them to continue providing care to older adults through program activities under counseling, support groups, training, respite, supplemental services, access assistance, and information services.
- Older adults and family members are informed of their rights and benefits through the program activities of the State Long Term Care Ombudsman Program, the Sage PLUS Program, SMP Hawaii, legal assistance, and state funded elder abuse prevention projects implemented by EOA's contractors.
- EOA leads initiatives composed through public and private sector partnerships in the Healthy Aging Project to promote chronic disease management and enhanced fitness and in the Caregiver Resource Initiative to create a statewide system of support for family caregivers through research and planning.

Thus, these activities promote healthy and safe behaviors and assures equitable, accessible, and appropriate support services to older adults to achieve EOA's program objectives in the short and long term.

**d. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" – NONE**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

- a. Program I.D. & Title:** HTH 905, Developmental Disabilities Council
- b. 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.

**2. Program Performance Results**

#	<u>Measures of Effectiveness</u>	<u>Dir-Success (inc/dec)</u>	<u>FY07 Result</u>	<u>FY08 Result</u>	<u>FY09 Plan</u>	<u>FY10 Plan</u>
1	% activities completed within established time frame Hawaii State DD Plan	increase	58%	74%	80%	90%

**a. Program Performance Results –**

The Council: 1) Provided legislative advocacy training to 20 individuals in the Partners in Policymaking Leadership Academy and over 50 participants for the Council’s annual Day at the Capitol; 2) Actively monitored, tracked and/or supported measures related to autism, dental care, disability access, disaster preparedness, early intervention, education, appropriations for DD and adult mental health services, family caregivers, individual choice of residential setting, language access, long-term care, Medicaid and Medicare services, residential services, adult protective services, health screenings, health care, aging in place, home modification, and therapeutic services; 3) Maintained funding to continue the Donated Dental Services Program in collaboration with the National Foundation on Dentistry for the Handicapped. Since the program started in January 2002, 190 individuals have received comprehensive dental care services worth \$567,341; 4) Collaborated with private agencies and the Medicaid Infrastructure Grant to co-sponsor training for over 150 individuals with DD, direct support workers and service providers regarding actualizing self-determination aspirations; 5) Completed the 14<sup>th</sup> Partners in Policymaking Leadership Academy with 14 new graduates. More than 210 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

statewide; 6) 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 concerns about available DD services such as dental care, disability access, employment, family support, waiver services, residential services, funding for DD and early intervention services, housing, and respite; and 7) Completed production and distribution of a public awareness Storyteller Project featuring six storytellers with disabilities promoting disability awareness to high school students. Distributed DVDs and a brief guide to more than 50 schools with high school aged children statewide.

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

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, managed care and special education services.

**c. Discuss how performance results inform (guide/direct) program activities.**

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. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none" - None.**

**EXECUTIVE BIENNIUM BUDGET REQUEST**  
**Department of Health**  
**FB 2009-11**

**1. Introduction**

**Program I.D. & Title:** HTH 906 State Health Planning and Development Agency

**Summary of Program Objectives**

Provide a statewide process that involves consumers and providers of health care in the development and implementation of a Health Services and Facilities Plan (HSFP) for the State of Hawaii which will promote equal access to quality health services at a reasonable cost.

**2. Program Performance Results**

**a. Program Performance Results**

#	Measures of Effectiveness	Direction of Success (increase/decrease)	FY07 Result	FY08 Result	FY09 Plan	FY10 Plan
1	% Certificate of Need (CON) applications documenting relationship to Health Services & Facilities Plan (HSFP)	success	100	95	95	95
2	% of CON applications approved based on findings relating to HSFP	success	90	85	85	85
3	% Statewide Health Coordinating Council (SHCC) meeting time spent on reviewing/recommendation on CON applications	increase	25	25	25	25
4	% SHCC meeting time spent on reviewing/ revising/ approving HSFP	increase	30	30	30	30
5	% Subarea Health Planning Councils (SACs) meeting time spent on reviewing/ recommendation on CON application	success	35	35	35	35
6	% SAC meeting time spent on reviewing/ revising/ approving HSFP	increase	35	35	35	35
7	Percent of previous year's CON approvals monitored	success	100	100	100	100
8	% Health care facility submission of semi-annual reports within specified time	increase	95	95	95	95
9	% of users rating semi-annual reports as helpful/very helpful	increase	90	90	90	90
10	Number of special reports published	success	0	2	2	2

**Collaborative Health Planning:** An assessment of the Health Services and Facilities Plan (HSFP) has been performed, which is the first step in the update process. The comprehensive health planner has been established and has been working with volunteer committees on (Acute Care, Long Term Care, and Mental Health) priorities. The committees are meeting regularly to draft a complete revision of the HSFP. The Acute Care committee was asked to update the thresholds for beds and services, and a draft document is ready for public review as required by statute.

**Health Data Resources:** The Agency continues to fulfill its statutory requirements of collecting and disseminating utilization data from hospitals, long-term care facilities, specialty care facilities, MRI, and CT.



**Processing and Monitoring Certificate of Need:** The Agency has streamlined the review time for certificate of need applications and turnaround can be as fast as three weeks.

**Access and Quality of Care:** In the area of access, the Agency has been instrumental in encouraging collaboration and improved access to health care for the rural areas of the State. In response to SCR 195 the Agency identified barriers to access, developed a working action plan, and made recommendations to improve access to specialty physician care, participates with the Hawaii Healthcare Workforce Collaborative. The Physician On-Call Crisis Task Force, created by SCR 150, Requesting the Insurance Commissioner to Convene a Task Force to Study the Physician On-Call Crisis (as prepared by the Insurance Division, Department of Commerce and Consumer Affairs) submitted its report that examined provider reimbursement versus cost of care issues as they relate to the physician on-call crisis.

**b. Discuss how this Program ID's Measures of Effectiveness relate to the Department's mission and program objectives.**

The HSFP defines the means through which the Agency meets its purpose of insuring access to quality health care in a cost effective manner. 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. The HSFP is the working document for the community councils, which guides Certificate of Need decision-making.

**c. Discuss how performance results inform (guide/direct) program activities.**

The Agency's goal is to complete the update of the HSFP by the spring 2009. 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.

For the research and statistics area, effectiveness is measured by the timeliness of reporting data as well as the accuracy of the data reported.

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. Please identify any modifications to your program's performance measures and discuss the rationale for these modifications. If there were no modifications, please indicate "none".** None

## **Capital Improvement Program (CIP) Budget**

### **1. CIP Requests –**

- See Attached “Table R”,
- Lump Sum Detailed Breakout and,
- Form S – Department Summary of Proposed CIP Lapses and New CIP Requests.

### **2. Proposed Lapses of Capital Improvement Projects - None**

#### **a. Project Title**

#### **b. Act & Year of Project Appropriation(s) (*Include all applicable amendments.*)**

#### **c. Amount(s) Requested for Lapse and MOF**

#### **d. Justification for Lapsing of Project**

12/15/08 DOH CIP Submission for FY10-11 amended to reflect the Governor's Decisions on 12/5/08											
All projects are funded thru bond funds except for Federal funds in Capital Projects 840801 & 840802											
Priority	Capital Project Number	Project	FY10 design	FY10 constr	FY10 TOTAL	FY11 design	FY11 constr	FY11 TOTAL	Type of Work	Prior Approp	Comments
1	840801	Wastewater Treatment Revolving Fund for Pollution Control, Statewide		\$1,045,000	\$1,045,000		\$1,045,000	\$1,045,000	civil	yes, annually	State Funds
				\$5,224,000	\$5,224,000		\$5,224,000	\$5,224,000			Federal Funds
		Totals		\$6,269,000	\$6,269,000		\$6,269,000	\$6,269,000			
2	840802	Safe Drinking Water Revolving Fund, Statewide		\$1,630,000	\$1,630,000		\$1,630,000	\$1,630,000	civil	yes, annually	State Funds
				\$8,146,000	\$8,146,000		\$8,146,000	\$8,146,000			Federal Funds
		Totals		\$9,776,000	\$9,776,000		\$9,776,000	\$9,776,000			
3	907801	Various Improvements to Department of Health Facilities, Statewide	FY10 design	FY10 constr	FY10 TOTAL	FY11 design	FY11 constr	FY11 TOTAL	Type of Work	Prior Approp	Comments
1		Lanakila Senior Center, Reroof	\$18,540	\$341,103	\$359,643			\$0	roof	yes, for this project	\$26,00 for design from Act 160/06 Item E-13
2		Keawe and Hilo Health Centers, Reroof	\$30,300	\$262,774	\$293,074			\$0	roof		
3		Kona Health Center, Reroof	\$12,250	\$92,813	\$105,063			\$0	roof		
4		Windward Health Center, Reroof			\$0	\$116,707	\$1,032,287	\$1,148,994	roof	yes, for a previous related project	\$35,000 for design and \$577,000 for construction from Act 160/06 Item E-13 for the Administration Bldg only
5		Hilo Environmental Health Center, Replace Gutters			\$0	\$13,596	\$94,324	\$107,920	roof		
6		DAGS Project Listing of R&M	\$1,000	\$2,442,718	\$2,443,718			\$0	exterior/ interior repairs		
7		Honokaa Vector Control Bldg, Repair Termite and Weather Damage			\$0	\$15,551	\$103,675	\$119,226	exterior repairs		
8		Hilo Vector Control, Repair Termite and Weather Damage			\$0	\$25,300	\$181,381	\$206,681	exterior repairs		
9		Sand Island Wastewater Treatment Training Facility, Replace Windows	\$8,910	\$60,592	\$69,502			\$0	windows		
10		Kona Health Center, Replace Windows			\$0	\$9,900	\$128,700	\$138,600	windows		
11		Kauai Friendship House, Replace Windows			\$0	\$29,651	\$233,310	\$262,961	windows		
12		Keawe and Hilo Health Centers, Renovate and Repair			\$0	\$76,295	\$705,323	\$781,618	exterior/ interior repairs		
		Totals	\$71,000	\$3,200,000	\$3,271,000	\$287,000	\$2,479,000	\$2,766,000			
4	430803	Hawaii State Hospital Repairs and Improvements to Various Buildings and Sites, Oahu	FY10 design	FY10 constr	FY10 TOTAL	FY11 design	FY11 constr	FY11 TOTAL	Type of Work	Prior Approp	Comments
1		Bldgs E,F,H,I Replace Window Frames	\$74,400	\$567,000	\$641,400			\$0	windows		
2		Bldg Q, Install Emergency Generator	\$123,000	\$822,000	\$945,000			\$0	electrical		
3		Reroof Walkways Between Buildings A-L	\$17,600	\$154,000	\$171,600			\$0	roof		
4		Bldg B, Replace Kitchen Exhaust Fan & Hoods and Grease Interceptors	\$43,000	\$270,000	\$313,000			\$0	mechanical		
5		Replace 4160 High Voltage Cables to Guensberg and Cooke Buildings			\$0	\$31,400	\$123,000	\$154,400	electrical		
6		Replace Switchgear for Lower Campus and Convert Campus to 12 kV Distribution System			\$0	\$99,000	\$996,000	\$1,095,000	electrical		
7		Replace Chillers at Bldg Q and Guensberg			\$0	\$89,600	\$471,000	\$560,600	air con		
8		Reroof Lower Campus Buildings			\$0	\$196,000	\$1,956,000	\$2,152,000	roof	yes, for a previous related project	previous appropriations were \$44,000 for design from Act 160/06 Item E-12 and \$742,000 for construction from Act 213/07 Item E-15 for Guensberg Bldg, Administration Wing only
		Totals	\$258,000	\$1,813,000	\$2,071,000	\$416,000	\$3,546,000	\$3,962,000			

12/15/08		DOH CIP Submission for FY10-11 amended to reflect the Governor's Decisions on 12/5/08 All projects are funded thru bond funds except for Federal funds in Capital Projects 840801 & 840802									
Priority	Capital Project Number	Project	FY10 design	FY10 constr	FY10 TOTAL	FY11 design	FY11 constr	FY11 TOTAL	Type of Work	Prior Approp	Comments
5	907804	Waimano Ridge Building Improvements, Oahu									
	1	Waimano Hale, Reroof	\$111,000	\$1,459,000	\$1,570,000			\$0	roof	yes, for a previous related project	\$125,000 for design and \$1,375,000 for construction from Act 160/06 Item E-0.2 to reroof Hale A and renovate Hale D
	2	Waimano Multi-Purpose Bldg, Reroof and Structural Improvements			\$0	\$45,700	\$648,201	\$693,901	roof		
	3	Waimano Bldgs 9 and 10, Reroof			\$0	\$49,200	\$605,886	\$655,086	roof		
	4	Waimano Hale C, Renovate and Repair			\$0	\$133,100	\$1,209,913	\$1,343,013	exterior/ interior repairs		
	5	State Lab, New Accessioning Center			\$0	\$67,000	\$513,000	\$580,000	interior renovation		
		<b>Totals</b>	<b>\$111,000</b>	<b>\$1,459,000</b>	<b>\$1,570,000</b>	<b>\$295,000</b>	<b>\$2,977,000</b>	<b>\$3,272,000</b>			
6	907806	Energy Efficiency Improvements to DOH Facilities, Statewide	FY10 design	FY10 constr	FY10 TOTAL	FY11 design	FY11 constr	FY11 TOTAL	Type of Work	Prior Approp	Comments
	1	Diamond Health Center, Air Conditioning Improvements	\$157,780	\$1,821,362	\$1,979,142			\$0	air con	yes, for a previous related project	\$17,500 from Act 213/07 E-13 for design for 4th floor only
	2	Ala Moana Health Center, Air Conditioning Improvements	\$46,000	\$314,000	\$360,000			\$0	air con	yes, for a previous related project	\$43,000 for design and \$283,000 for construction from Act 160/06 Item E-13 for replacement of 2nd floor air handlers and cooling tower
	3	Energy Management System for DOH Facilities	\$43,000	\$187,000	\$230,000			\$0	air con		
	4	Kinau Hale, Air Conditioning Improvements to HISO	\$18,220	\$104,801	\$123,021			\$0	air con		
	5	Waimano Bldg 4, Air Conditioning Improvements	\$38,000	\$245,281	\$283,281			\$0	air con		
	6	Wahiawa Health Center, Air Conditioning Improvements	\$28,000	\$84,556	\$112,556			\$0	air con		
		<b>Totals</b>	<b>\$331,000</b>	<b>\$2,757,000</b>	<b>\$3,088,000</b>			<b>\$0</b>			
			FY10 design	FY10 constr	FY10 TOTAL	FY11 design	FY11 constr	FY11 TOTAL			
		<b>GRAND TOTALS</b>	<b>\$771,000</b>	<b>\$25,274,000</b>	<b>\$26,045,000</b>	<b>\$998,000</b>	<b>\$25,047,000</b>	<b>\$26,045,000</b>			

SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
00	0001	0 - STATEWIDE	000	N - NEW PROJECT	1	HTH

PROJECT TITLE:

WASTEWATER TREATMENT REVOLVING FUND FOR POLLUTION CONTROL, STATEWIDE

PROJECT DESCRIPTION:

CONSTRUCTION FUNDS TO PROVIDE STATE MATCH (20%) FOR FEDERAL CAPITALIZATION GRANTS FOR WASTEWATER PROJECTS. FUNDS TO BE TRANSFERRED TO THE WATER POLLUTION CONTROL REVOLVING FUND PURSUANT TO CHAPTER 342D, HRS.

TOTAL ESTIMATED PROJECT COST (\$1,000'S):

PRIOR APPROPRIATIONS:

SLH		ITEM	TOTALS	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
YR	ACT							
93	289	D-1	3,900	0	0	0	3,900	0
95	218	D-1	2,447	0	0	0	2,447	0
97	328	D-1	3,395	0	0	0	3,395	0
98	116	D-1	2,772	0	0	0	2,772	0
99	091	D-1	2,323	0	0	0	2,323	0
00	281	D-1	2,323	0	0	0	2,323	0
01	259	D-1	2,094	0	0	0	2,094	0
02	177	D-1	2,094	0	0	0	2,094	0
03	200	D-1	2,086	0	0	0	2,086	0
04	041	D-1	2,086	0	0	0	2,086	0
05	178	D-1	2,053	0	0	0	2,053	0
06	160	D-1	2,053	0	0	0	2,053	0
07	213	D-1	995	0	0	0	995	0
08	158	D-1	1,655	0	0	0	1,655	0
TOTAL			32,276	0	0	0	32,276	0

APPROPRIATIONS:

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
PLANS	*	0	0	0	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	0	0	0
DESIGN	*	0	0	0	0	0	0	0
CONSTRUCTION	*	290,425	5,969	9,928	6,269	6,269	0	318,860
EQUIPMENT	*	0	0	0	0	0	0	0
<b>TOTAL COST</b>		<b>290,425</b>	<b>5,969</b>	<b>9,928</b>	<b>6,269</b>	<b>6,269</b>	<b>0</b>	<b>318,860</b>

PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
G.O. BONDS	C	92,626	995	1,655	1,045	1,045	0	97,366
OTHER FED. FUNDS	N	197,799	4,974	8,273	5,224	5,224	0	221,494
<b>TOTAL COST</b>		<b>290,425</b>	<b>5,969</b>	<b>9,928</b>	<b>6,269</b>	<b>6,269</b>	<b>0</b>	<b>318,860</b>

A. TOTAL SCOPE OF PROJECT:

The Wastewater Pollution Control Revolving Fund, commonly referred to as the State Revolving Fund (SRF) was established by the Federal Water Quality Act of 1987. The Hawaii SRF was established by the 1988 State Legislature through the passage of Act 365. This program provides low interest loans to counties or state agencies for the construction of eligible water pollution control facilities conforming with the State Water Pollution Control Plan authorized by Chapter 342D-54, HRS, as amended. The State has a financial responsibility to operate the SRF program in perpetuity.

B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION:

The objectives of the wastewater projects are to preserve and protect the water quality of our coastal waters and groundwater. The general public will benefit with cleaner and safer beaches, recreational waters and drinking water. Considering that the State's coastal waters are one of Hawaii's greatest assets, the tourist industry will benefit from this program. Communities with existing cesspool problems will benefit as the State Revolving Fund Program is set up to allow the counties to receive low interest loans, thus increasing the number of overall projects that can be constructed.

C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED:

There are no other alternatives. The Department of Health receives receive funds annually from EPA as capitalization grants in accordance with the Clean Water Act, Title VI. In order to receive the federal funds, the State must provide the required 20% match. This request of State funds is urgent and cannot be deferred. If the required State match is not released, the State stands to lose the federal funds.

D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE, WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT):

The objectives of the wastewater projects are to protect and abate the pollution of the State's coastal waters and groundwaters due to the discharge of raw or partially treated wastewater, and to eliminate existing public health hazards caused by failing cesspools and private wastewater treatment works. Therefore, the anticipated improvements are new treatment plants, collector systems and interceptors.

E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR):

None.

F. ADDITIONAL INFORMATION:

SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
00	002	0 - STATEWIDE	000	N - NEW PROJECT	2	HTH

PROJECT TITLE:

SAFE DRINKING WATER REVOLVING FUND, STATEWIDE

PROJECT DESCRIPTION:

CONSTRUCTION FUNDS TO PROVIDE STATE MATCH (20%) FOR FEDERAL CAPITALIZATION GRANTS FOR DRINKING WATER PROJECTS. FUNDS TO BE TRANSFERRED TO THE DRINKING WATER TREATMENT REVOLVING LOAN FUND PURSUANT TO CHAPTER 340E, HRS.

TOTAL ESTIMATED PROJECT COST (\$1,000'S):

PRIOR APPROPRIATIONS:

SLH		ITEM	TOTALS	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
YR	ACT							
97	328	D-2	3,115	0	0	0	3,115	0
98	116	D-2	1,425	0	0	0	1,425	0
99	091	D-2	1,523	0	0	0	1,523	0
00	281	D-2	1,523	0	0	0	1,523	0
01	259	D-2	1,551	0	0	0	1,551	0
02	177	D-2	1,551	0	0	0	1,551	0
03	200	D-2	1,611	0	0	0	1,611	0
04	041	D-2	1,611	0	0	0	1,611	0
05	178	D-2	1,661	0	0	0	1,661	0
06	160	D-2	1,661	0	0	0	1,661	0
07	213	D-2	1,671	0	0	0	1,671	0
08	158	D-2	1,671	0	0	0	1,671	0
TOTAL			20,574	0	0	0	20,574	0



APPROPRIATIONS:

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
PLANS	*	0	0	0	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	0	0	0
DESIGN	*	0	0	0	0	0	0	0
CONSTRUCTION	*	100,359	10,024	10,024	9,776	9,776	0	139,959
EQUIPMENT	*	0	0	0	0	0	0	0
<b>TOTAL COST</b>		<b>100,359</b>	<b>10,024</b>	<b>10,024</b>	<b>9,776</b>	<b>9,776</b>	<b>0</b>	<b>139,959</b>

PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
G.O. BONDS	C	17,232	1,671	1,671	1,630	1,630	0	23,834
OTHER FED. FUNDS	N	83,127	8,353	8,353	8,146	8,146	0	116,125
<b>TOTAL COST</b>		<b>100,359</b>	<b>10,024</b>	<b>10,024</b>	<b>9,776</b>	<b>9,776</b>	<b>0</b>	<b>139,959</b>

A. TOTAL SCOPE OF PROJECT:

The scope of this project is to finance the construction cost for safe drinking water treatment projects, statewide.

B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION:

The state has many water purveyors which need to improve their facilities to comply with the Safe Drinking Water Act. The purpose of this project is to allow the state to provide low interest loans to these water purveyors to implement projects which will improve or conserve water.

C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED:

No alternatives are being considered. If funding is deferred, the state will not receive its matching share of Federal funds.

D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE, WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT):

This project will improve filtering systems to remove chemicals and other contaminants. Also, water conservation projects will help the state in reducing its annual water consumption.

E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR):

There should be no impact on future operating requirements since federal matching funds are anticipated.

F. ADDITIONAL INFORMATION:

SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
00	3	0 - STATEWIDE	000	I - RENOVATION PROJECT	18	AGS

**PROJECT TITLE:**

VARIOUS IMPROVEMENTS TO DEPARTMENT OF HEALTH FACILITIES, STATEWIDE

**PROJECT DESCRIPTION:**

DESIGN AND CONSTRUCTION FOR VARIOUS IMPROVEMENTS TO DOH FACILITIES STATEWIDE. IMPROVEMENTS MAY INCLUDE REROOFING, RENOVATIONS, AIR CONDITIONING UPGRADES, AND OTHER VARIOUS IMPROVEMENTS.

**TOTAL ESTIMATED PROJECT COST (\$1,000'S):**

**PRIOR APPROPRIATIONS:**

SLH YR	ACT	ITEM	TOTALS	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
05	178	E-13	421	0	0	420	1	0
06	160	E-13	2,854	0	0	0	2,854	0
07	213	E-18	486	0	0	485	1	0
08	158	E-18	4,104	0	0	2	4,102	0
<b>TOTAL</b>			<b>7,865</b>	<b>0</b>	<b>0</b>	<b>907</b>	<b>6,958</b>	<b>0</b>

**APPROPRIATIONS:**

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
PLANS	*	0	0	0	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	0	0	0
DESIGN	*	420	485	2	71	287	0	1,265
CONSTRUCTION	*	2,855	1	4,102	3,200	2,479	0	12,637
EQUIPMENT	*	0	0	0	0	0	0	0
<b>TOTAL COST</b>		<b>3,275</b>	<b>486</b>	<b>4,104</b>	<b>3,271</b>	<b>2,766</b>	<b>0</b>	<b>13,902</b>

PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
G.O. BONDS	C	3,275	486	4,104	3,271	2,766	0	13,902
<b>TOTAL COST</b>		<b>3,275</b>	<b>486</b>	<b>4,104</b>	<b>3,271</b>	<b>2,766</b>	<b>0</b>	<b>13,902</b>

**A. TOTAL SCOPE OF PROJECT:**

Design and construction for the following: reroofing; gutter replacements; exterior and interior repairs due to termite and weather damage; replacement of windows; and other repairs, alterations and improvements to the DOH facilities.

**B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION:**

These facilities have severe roof leaks and interior/exterior repairs that must be made. Repairs must be made as part of a continual preventive maintenance schedule.

**C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED:**

If these projects are deferred, the facilities will continue to deteriorate and it will cost more at a later date to repair or replace defective building components.

**D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE, WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT):**

The life span of the buildings will be extended. Staff and clients will have a healthier environment.

**E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR):**

None

**F. ADDITIONAL INFORMATION:**

None.

SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
24	4	1 - OAHU	47	I - RENOVATION PROJECT	15	AGS

**PROJECT TITLE:**

HAWAII STATE HOSPITAL, REPAIRS AND IMPROVEMENTS TO VARIOUS BLDGS & SITES, OAHU

**PROJECT DESCRIPTION:**

DESIGN AND CONSTRUCTION FOR REPAIRS AND IMPROVEMENTS, WHICH MAY INCLUDE REROOFING, STRUCTURAL WORK, AND VARIOUS OTHER IMPROVEMENTS.

**TOTAL ESTIMATED PROJECT COST (\$1,000'S):**

**PRIOR APPROPRIATIONS:**

SLH YR	ACT	ITEM	TOTALS	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
05	178	E-12	55	0	0	54	1	0
06	160	E-12	410	0	0	1	409	0
06	160	E-12.02	1,169	0	0	175	994	0
07	217	E-15	3,000	0	0	1	2,999	0
08	158	E-15	3,000	0	0	1	2,999	0
TOTAL			7,634	0	0	232	7,402	0

**APPROPRIATIONS:**

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
PLANS	*	0	0	0	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	0	0	0
DESIGN	*	230	1	1	258	416	0	906
CONSTRUCTION	*	1,404	2,999	2,999	1,813	3,546	0	12,761
EQUIPMENT	*	0	0	0	0	0	0	0
TOTAL COST		1,634	3,000	3,000	2,071	3,962	0	13,667

PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
G.O. BONDS	C	1,634	3,000	3,000	2,071	3,962	0	13,667
TOTAL COST		1,634	3,000	3,000	2,071	3,962	0	13,667

**A. TOTAL SCOPE OF PROJECT:**

Repairs and improvements as outlined by Section 3.2.3 of the Hawaii State Hospital Facility Analysis. Buildings A,B,C,E,F,G,H,I,K,L,M,N,O,P,Q,Bishop,Cooke,Guensberg,Iolani,Staff Library Cottage and Doctor's Cottage. Items include reroofing, structural repairs to foundations and walls, repairs to termite damaged elements,roadway repairs, electrical repairs and various other improvements.

**B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION:**

The buildings listed are in dire need of major repairs and improvements that are beyond the scope of the Hospital's maintenance staff. These items must be addressed now to avoid costly repairs in later years.

**C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED:**

There is no alternative to these projects. Buildings must be upkeeped on a routine basis. If they are left to deteriorate, the State's initial investment in these costly structures will have been wasted.

**D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE, WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT):**

The life of these buildings will be extended and the Hospital will be able to continue to deliver the service that it is expected to provide.

**E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR):**

None.

**F. ADDITIONAL INFORMATION:**

SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
17	5	1 - OAHU	35	I - RENOVATION PROJECT		AGS

**PROJECT TITLE:**

WAIMANO RIDGE, BUILDING IMPROVEMENTS, OAHU

**PROJECT DESCRIPTION:**

DESIGN AND CONSTRUCTION TO RENOVATE BUILDINGS.

THESE BUILDINGS NOW HOUSE STAFF AND EQUIPMENT FROM ADULT MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND ENVIRONMENTAL DIVISIONS.

**TOTAL ESTIMATED PROJECT COST (\$1,000'S):**

**PRIOR APPROPRIATIONS:**

SLH YR	ACT	ITEM	TOTALS	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
06	160	E-0.02	1,500	0	0	125	1,375	0
06	160	E-12.05	212	0	0	35	177	0
07	213	E-19	7,219	0	0	1	7,218	0
07	213	E-20	1,788	0	0	357	1,431	0
08	158	E-19	1,800	0	0	1	1,799	0
<b>TOTAL</b>			<b>12,519</b>	<b>0</b>	<b>0</b>	<b>519</b>	<b>12,000</b>	<b>0</b>

**APPROPRIATIONS:**

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
PLANS	*	0	0	0	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	0	0	0
DESIGN	*	0	0	0	111	295	0	406
CONSTRUCTION	*	0	0	0	1,459	2,977	0	4,436
EQUIPMENT	*	0	0	0	0	0	0	0
<b>TOTAL COST</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>1,570</b>	<b>3,272</b>	<b>0</b>	<b>4,842</b>



PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
G.O. BONDS	C	0	0	0	1,570	3,272	0	4,842
TOTAL COST		0	0	0	1,570	3,272	0	4,842

**A. TOTAL SCOPE OF PROJECT:**

The following improvements are needed: reroofing, replacement of doors and windows, new electrical wiring and air conditioning units, new interior walls, upgrades to present fire systems or new systems, new plumbing and fixtures, ADA retrofits.

**B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION:**

There is a need for additional space for DOH programs. Programs in leased commercial spaces should move out to avoid paying annual lease rent. The outlying health centers are overcrowded and staff need more office space. The Environmental Programs at the AAFES Building must vacate in the near future.

Several of the newer concrete structures at Waimano Ridge are basically sound buildings. They are single story with concrete walls and roofs. The cost to renovate them is not prohibitive. It would be cost effective for the Department to relocate programs to these buildings.

**C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED:**

Seek additional leased space for programs. Eventually spend more money to demolish these buildings and replace them with new structures.

**D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE, WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT):**

The Department will save money on leases. These buildings will provide more space for the Department's programs.

**E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR):**

None.

**F. ADDITIONAL INFORMATION:**

None.

SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
00	6	0 - STATEWIDE	000	I - RENOVATION PROJECT		AGS

**PROJECT TITLE:**  
 ENERGY EFFICIENCY IMPROVEMENTS TO DEPARTMENT OF HEALTH FACILITIES, STATEWIDE

**PROJECT DESCRIPTION:**  
 DESIGN AND CONSTRUCTION FOR IMPROVEMENTS TO MECHANICAL SYSTEMS AT DOH FACILITIES TO PROVIDE FOR ENERGY SAVINGS.

**TOTAL ESTIMATED PROJECT COST (\$1,000'S):**

PRIOR APPROPRIATIONS:

SLH YR ACT	ITEM	TOTALS	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
		0	0	0	0	0	0

APPROPRIATIONS:

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
PLANS	*	0	0	0	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	0	0	0
DESIGN	*	0	0	0	331	0	0	331
CONSTRUCTION	*	0	0	0	2,757	0	0	2,757
EQUIPMENT	*	0	0	0	0	0	0	0
<b>TOTAL COST</b>		0	0	0	3,088	0	0	3,088

PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2007-08	FY 2008-09	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2009-10	FY 2010-11		
G.O. BONDS	C	0	0	0	3,088	0	0	3,088
<b>TOTAL COST</b>		0	0	0	3,088	0	0	3,088

**A. TOTAL SCOPE OF PROJECT:**

Design and construction for improvements to mechanical systems at various health centers to improve energy efficiency. Improvements will include retrofits of existing air conditioning systems and the installation of an energy management system to control the air conditioning at facilities.

**B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION:**

The present air conditioning systems at several health centers are inefficient and consume too much energy. Retrofits will lower energy usage and save the Department money.

**C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED:**

None. The present systems will continue to consume too much energy and electric bills will continue to be expensive.

**D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE, WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT):**

The new units will cool more efficiently and the Department will also save on energy costs.

**E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR):**

None.

**F. ADDITIONAL INFORMATION:**

None.

**FB 09-11 BUDGET  
DEPARTMENT SUMMARY OF PROPOSED CIP LAPSES AND NEW CIP REQUESTS  
DEPARTMENT OF HEALTH**

PART A: PROPOSED LAPSES						Amount	
Dept Pri	Act/Yr	Item No.	Proj No.	Project Title and Reason for Lapsing	MOF	FY 10	FY 11
<b>TOTAL</b>						-	-

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						Amount	
Req Cat	Dept Pri	Prog ID	Proj No.	Project Title	MO F	FY 10	FY 11
HS	1	840	840101	Wastewater Treatment Revolving Fund for Pollution Control	C	1,045,000	1,045,000
HS	1	840	840101	Wastewater Treatment Revolving Fund for Pollution Control	N	5,224,000	5,224,000
HS	2	840	840102	Safe Drinking Water Revolving Fund, Statewide	C	1,630,000	1,630,000
HS	2	840	840102	Safe Drinking Water Revolving Fund, Statewide	N	8,146,000	8,146,000
HS	3	907	907101	Various Improvements to Department of Health Facilities, Statewide	C	3,271,000	2,766,000
HS	4	430	430103	Hawaii State Hospital, Repairs and Improvements to Various Bldgs & Sites, Oahu	C	2,071,000	3,962,000
HS	5	907	907104	Waimano Ridge, Building Improvements, Oahu. These Buildings Now House Staff from Adult Mental Health, Developmental Disabilities and Environmental Divisions	C	1,570,000	3,272,000
HS	6	907	907106	Energy Efficiency Improvements to Department of Health Facilities, Statewide	C	3,088,000	
<b>TOTAL</b>						26,045,000	26,045,000

Request Category:
M Maintenance of Existing Facilities
C Completion of Current Projects
HS Health, Safety, Court Mandates
E Energy Efficiency
G Governor's Program Initiatives
O Other

BY MOF		
General Fund	A	-
Special Funds	B	-
General Obligation Bonds	C	12,675,000
Reimbursable GO Bonds	D	-
Revenue Bonds	E	-
Federal Funds	N	13,370,000
Private Contributions	R	-
County Funds	S	-
Interdepartmental Transfers	U	-
Revolving Funds	W	-
Other Funds	X	-

Attachment 1  
Department-Wide Summary Information (by MOF)

Fiscal Year (FY) 2009					
Act 158/08 Appropriation (a)		Restriction (b)	Emergency Request (c)	Total FY09 (a)+(b)+(c)	MOF
454,551,367		(4,435,349)		450,116,018	A
201,201,030				201,201,030	B
113,732,029				113,732,029	N
77,077,300				77,077,300	U
167,948,120				167,948,120	W
1,014,509,846		(4,435,349)	-	1,010,074,497	Total

Fiscal Year (FY) 2010					
Act 158/08 Appropriation (d)	Collective Bargaining (e)	Reduction (f)	Additions (g)	Total FY10 (d)+(e)+(f)+(g)	MOF
454,551,367	12,782,887	(23,581,353)		443,752,901	A
201,201,030	604,442	(3,000)	11,815,687	213,618,159	B
113,732,029	2,835,297	(148,436)	1,888,850	118,307,740	N
77,077,300	62,622		(3,204)	77,136,718	U
167,948,120	359,218	(105,000)	359,892	168,562,230	W
1,014,509,846	16,644,466	(23,837,789)	14,061,225	1,021,377,748	Total

Fiscal Year (FY) 2011					
Act 158/08 Appropriation (h)	Collective Bargaining (i)	Reduction (j)	Additions (k)	Total FY11 (h)+(i)+(j)+(k)	MOF
454,551,367	12,782,887	(22,931,353)		444,402,901	A
201,201,030	604,442	(3,000)	12,265,617	214,068,089	B
113,732,029	2,835,297	(148,436)	1,887,925	118,306,815	N
77,077,300	62,622		(3,204)	77,136,718	U
167,948,120	359,218	(105,000)	359,892	168,562,230	W
1,014,509,846	16,644,466	(23,187,789)	14,510,230	1,022,476,753	Total

Attachment 1  
Department-Wide Summary Information (by MOF)

Please indicate restrictions and reductions as negative numbers, using brackets ()

Attachment 2  
FY09 Proposed Emergency Requests

**ATTACHMENT 2**

<u>Program ID</u>	<u>Description of Emergency Request</u>	<u>FTE</u>	<u>\$\$\$</u>	<u>MOF</u>
	<b>There are no anticipated emergency appropriation requests for the Department of Health</b>	-	-	



DEPARTMENT OF HEALTH  
EXECUTIVE BUDGET FOR FB 2009-11

ATTACHMENT 3

HTH	Program Title	EXECUTIVE BUDGET FOR FY 2010			EXECUTIVE BUDGET FOR FY 2011			MOF
		PERM	TEMP	TOTAL	PERM	TEMP	TOTAL	
		137.60	10.00	16,441,675	137.60	10.00	16,441,675	A
100	Communicable Disease Services	50.90	115.50	21,142,456	50.90	115.50	21,144,431	N
		0.00	0.00	0	0.00	0.00	0	A
131	Disease Outbreak Control	0.00	0.00	0	0.00	0.00	0	N
141	Dental Diseases	0.00	0.00	0	0.00	0.00	0	A
		198.50	229.00	82,685,947	198.50	229.00	82,685,947	A
		0.00	0.00	24,832,981	0.00	0.00	24,832,981	B
420	Adult Mental Health -- Outpatient	0.00	5.00	1,632,230	0.00	5.00	1,632,230	N
430	Adult Mental Health -- Inpatient	639.00	53.00	56,043,554	639.00	53.00	56,043,554	A
		22.00	3.00	18,752,758	22.00	3.00	19,402,758	A
		0.00	0.00	1,400,000	0.00	0.00	750,000	B
440	Alcohol and Drug Abuse	6.00	8.50	13,609,867	6.00	8.50	13,609,867	N
		193.50	31.00	44,979,932	193.50	31.00	44,979,932	A
		17.00	6.00	18,770,719	17.00	6.00	18,770,719	B
		0.00	2.25	2,568,019	0.00	2.25	2,568,019	N
460	Child and Adolescent Mental Health	0.00	2.00	2,277,206	0.00	2.00	2,277,206	U
		66.50	48.50	7,547,183	66.50	48.50	7,547,183	A
495	Behavioral Health Administration	0.00	32.40	3,557,363	0.00	32.40	3,557,363	N
		236.75	17.00	71,044,760	236.75	17.00	71,044,760	A
		3.00	0.00	1,046,817	3.00	0.00	1,046,817	B
501	Developmental Disabilities	0.00	0.00	64,264,776	0.00	0.00	64,264,776	U
		5.00	10.50	1,441,316	5.00	10.50	1,441,316	A
		0.00	0.00	10,000	0.00	0.00	10,000	B
520	Disability and Communication Access Board	2.00	0.00	204,812	2.00	0.00	204,812	U
		176.75	5.00	28,013,328	176.75	5.00	28,013,328	A
		9.50	12.00	13,187,978	9.50	12.00	13,187,978	B
		182.50	25.50	46,018,585	182.50	25.50	46,018,585	N
560	Family Health Services	0.50	2.00	3,139,907	0.50	2.00	3,139,907	U
		231.00	1.00	16,167,287	231.00	1.00	16,167,287	A
		0.00	0.00	110,720	0.00	0.00	110,720	B
		0.00	10.00	330,113	0.00	10.00	330,113	N
580	Community Health Services	0.00	13.20	1,258,226	0.00	13.20	1,258,226	U
		37.00	6.00	57,076,382	37.00	6.00	57,076,382	B
		11.00	12.00	3,821,823	11.00	12.00	3,821,823	N
590	Tobacco Settlement	0.00	8.50	4,986,811	0.00	8.50	4,986,811	U
595	Health Resources Administration	2.00	0.00	334,905	2.00	0.00	334,905	A
		139.00	1.00	7,194,144	139.00	1.00	7,194,144	A
		8.00	0.00	1,026,909	8.00	0.00	1,026,909	B
		6.00	2.00	594,682	6.00	2.00	594,682	N
610	Environmental Health Services	2.00	0.00	107,076	2.00	0.00	107,076	U

Attachment 3  
Program ID Totals

HTH	Program Title	EXECUTIVE BUDGET FOR FY 2010			EXECUTIVE BUDGET FOR FY 2011			MOF
		PERM	TEMP	TOTAL	PERM	TEMP	TOTAL	
710	State Laboratory Services	87.00	0.00	6,855,873	87.00	0.00	6,855,873	A
		0.00	1.00	483,333	0.00	1.00	483,333	N
720	Health Care Assurance	21.70	0.55	1,677,680	21.70	0.55	1,677,680	A
		0.00	0.00	406,000	0.00	0.00	406,000	B
		18.10	1.80	1,662,415	18.10	1.80	1,659,515	N
		0.00	2.65	897,904	0.00	2.65	897,904	U
		16.00	1.40	62,187,129	16.00	1.40	62,187,129	A
730	Emergency Medical Services and Injury Prevention System	0.00	2.00	14,478,880	0.00	2.00	15,578,810	B
		3.00	5.50	1,268,522	3.00	5.50	1,268,522	N
		34.00	2.00	1,676,821	34.00	2.00	1,676,821	A
760	Health Status Monitoring	0.00	2.00	490,527	0.00	2.00	490,527	B
		6.00	0.00	397,214	6.00	0.00	397,214	N
		57.00	0.00	3,629,536	57.00	0.00	3,629,536	A
840	Environmental Management	60.00	3.00	80,616,371	60.00	3.00	80,616,371	B
		45.80	5.00	8,808,860	45.80	5.00	8,808,860	N
		55.20	2.00	165,104,952	55.20	2.00	165,104,952	W
		15.00	0.25	1,147,336	15.00	0.25	1,147,336	A
849	Environmental Health Administration	0.50	0.00	49,875	0.50	0.00	49,875	B
		14.50	5.75	3,201,314	14.50	5.75	3,201,314	N
		14.00	4.00	3,457,278	14.00	4.00	3,457,278	W
850	Office of Environmental Quality Control	5.00	0.00	343,089	5.00	0.00	343,089	A
904	Executive Office on Aging	3.74	4.35	6,062,748	3.74	4.35	6,062,748	A
		8.01	7.15	7,443,720	8.01	7.15	7,443,720	N
905	Developmental Disabilities Council	1.50	1.00	226,744	1.50	1.00	226,744	A
		6.50	0.00	462,315	6.50	0.00	462,315	N
906	State Health Planning and Development Agency	8.00	0.00	556,641	8.00	0.00	556,641	A
		0.00	0.00	114,000	0.00	0.00	114,000	B
907	General Administration	123.50	10.00	8,742,515	123.50	10.00	8,742,515	A
		0.00	10.00	1,304,909	0.00	10.00	1,304,909	N
<b>TOTALS</b>		<b>2,987.05</b>	<b>743.25</b>	<b>1,021,377,748</b>	<b>2,987.05</b>	<b>743.25</b>	<b>1,022,476,753</b>	
<b>BY MOF</b>	<b>A</b>	2420.04	428.55	443,752,901	2420.04	428.55	444,402,901	<b>A</b>
	<b>B</b>	135.00	31.00	213,618,159	135.00	31.00	214,068,089	<b>B</b>
	<b>N</b>	358.31	249.35	118,307,740	358.31	249.35	118,306,815	<b>N</b>
	<b>W</b>	69.20	6.00	168,562,230	69.20	6.00	168,562,230	<b>W</b>
	<b>U</b>	4.50	28.35	77,136,718	4.50	28.35	77,136,718	<b>U</b>
<b>TOTALS</b>		<b>2987.05</b>	<b>743.25</b>	<b>1,021,377,748</b>	<b>2987.05</b>	<b>743.25</b>	<b>1,022,476,753</b>	

Attachment 4  
Budget Decisions

**ATTACHMENT 4**

Priority	Prog ID/Org	Description	MOF	Dept FY10			Dept FY11			B&F FY10			B&F FY11			Gov FY10			Gov FY11		
				FTE(P)	FTE(T)	\$\$\$	FTE(P)	FTE(T)	\$\$\$	FTE(P)	FTE(T)	\$\$\$	FTE(P)	FTE(T)	\$\$\$	FTE(P)	FTE(T)	\$\$\$	FTE(P)	FTE(T)	\$\$\$
		<b>See Attached - Consolidated Form B / Attachment 4</b>																			

FB 09-11 BUDGET  
DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS

DEPARTMENT OF HEALTH

ATTACHMENT 4

	MOF	FY 10			FY 11		
		FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
Current Operating Base by MOF	A	2,437.04	427.55	466,034,447	2,437.04	427.55	466,034,447
	B	123.50	26.00	201,802,472	123.50	26.00	201,802,472
Executive Restrictions carried forward to FB 09-11	N	359.31	245.85	116,418,890	359.31	245.85	116,418,890
Balance of Tier 1 Reductions	R			-			-
Balance of Tier 2 Reductions	S			-			-
Balance of Tier 3 Reductions	T			-			-
	U	5.00	27.85	77,139,922	5.00	27.85	77,139,922
Tier 1 adjustments for MOF changes & division merger	W	68.20	4.00	168,202,338	68.20	4.00	168,202,338
Tier 3 adjustments for division merger	X						

TOTAL	2,993.05	731.25	1,029,598,069	2,993.05	731.25	1,029,598,069
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Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	Department Submittal			B&F Recommendation			Governor's Decision					
						FY 10			FY 11			FY 10			FY 11		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>MANDATORY REDUCTIONS:</b>																	
				<b>MANDATORY EXECUTIVE RESTRICTIONS</b>													
RE	1	HTH 420/HO		Adult Mental Health Division (AMHD) - Outpatient - Reduce UH Psychology contract	A			-315,528			-315,528			-315,528			
RE	2	HTH 430/HQ		AMHD - Inpatient - Reduce UH Psychology contract (PSR)	A			-105,067			-105,067			-105,067			
RE	3	HTH 440/HO		Alcohol & Drug Abuse Division (ADAD) - Reduce POS services	A			-200,000			-200,000			-200,000			
RE	4	HTH 460/HO		Child and Adolescent Mental Health Division (CAMHD) - Hale Kipa contract	A			-500,000			-500,000			-500,000			
RE	5	HTH 501/CM		Developmental Disabilities - Reduce Partnership in Community Living funds	A			-1,211,153			-1,211,153			-1,211,153			
RE	6	HTH 560/CT		Family Health Services - Reduce Healthy Start	A			-1,942,943			-1,942,943			-1,942,943			
RE	7	HTH 560/KC		Family Health Services - Reduce POS services (Hana-\$42,000; Waianae CCHC--\$88,000)	A			-130,000			-130,000			-130,000			
				<b>TIER 1 ADJUSTMENTS</b>													
RE	8	HTH 560/KC		Family Health Services - Change MOF from general funds to CHCSF for FQHCs for primary care and comp med svcs POS	A			-5,691,526			-5,691,526			-5,691,526			
RE	9	HTH 141/EC		Dental Diseases - Abolish Dental Hygiene Services	A	-11.00		-449,583	-11.00		-582,446	-11.00		-582,446			
RE	9a	HTH 580/EC		Dental Diseases - Transfer Dental Hygiene Services to Community Health Services	A							11.00		582,446			
RE	10	HTH 141/EE		Dental Diseases - Combine Dental Health Division (DHD) with Community Health Division (CHD) - delete Dental Assist III (#12424)	A	-1.00		-28,112	-1.00		-37,483	-1.00		-37,483			

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	Department Submittal						B&F Recommendation						Governor's Decision					
						FY 10			FY 11			FY 10			FY 11			FY 10			FY 11		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
	10a	HTH 580/EE		Community Health Services - Transfer Dental Assistant III to Community Health Services (HTH 580/EE)	A												1.00		37,483	1.00		37,483	
RE	11	HTH 580/KD		Community Health Services - Combine DHD with CHD -- delete Public Health Admin (#44155)	A	-1.00		-59,328	-1.00		-80,516	-1.00		-59,328	-1.00		0.00		0	0.00		0	
RE	12A	HTH 580/GJ		Community Health Services - Transfer Chronic Disease & Mgt Control Branch's (CDMCB) Community Resources & Development Section (excluding bilingual health aides program) to TSP -- Change MOF from general funds to Tobacco Settlement Special Funds (TSSF).	A	-9.00		-555,204	-9.00		-555,204	-9.00		-555,204	-9.00		-9.00		-555,204	-9.00		-555,204	
RE	12B	HTH 580/GR		Community Health Services - Transfer Chronic Disease & Mgmt Control Branches' Tobacco Prevention & Control Section (excluding bilingual health aides program) to TSP -- Change MOF from general funds to TSSF.	A	-1.00		-79,352	-1.00		-79,352	-1.00		-79,352	-1.00		-1.00		-79,352	-1.00		-79,352	
RE	12C	HTH 580/GP		Community Health Services - Transfer CDMCB's Diabetes and Chronic Disabling Diseases Section to TSP -- Change MOF from general funds.	A	-1.00		-107,705	-1.00		-107,705	-1.00		-107,705	-1.00		-1.00		-107,705	-1.00		-107,705	
<b>TIER 2 ADJUSTMENTS</b>																							
RE	13	HTH 501/CM		Developmental Disabilities - Delete Partnership In Community Living (PICL) funds	A			-252,829			-252,829			-252,829					-252,829			-252,829	
RE	14	HTH 560/CT		Family Health Services - Reduce Healthy Start	A			-4,592,206			-4,592,206			-4,592,206					-4,592,206			-4,592,206	
RE	15	HTH 595/KA		Health Resources Administration - Reduce respite funds	A			-412,024			-412,024			-412,024					-412,024			-412,024	
<b>TIER 3 ADJUSTMENTS</b>																							
RE	16	HTH 100/KE		Communicable Disease Services - Combine CDD with DOCD	A	-4.00		-205,816	-4.00		-266,289	-4.00		-205,816	-4.00		0.00		0	0.00		0	
RE	17	HTH 560/CT		Family Health Services - Abolish Healthy Start	A	-8.00		-5,338,370	-8.00		-5,422,920	-8.00		-5,338,370	-8.00		-2.00		-5,086,009	-2.00		-5,086,009	

**TOTAL MANDATORY REDUCTIONS:**

	(36.00)	-	(22,176,746)	(36.00)	-	(22,485,191)	(36.00)	-	(22,176,746)	(36.00)	-	(22,485,191)	(13.00)	-	(21,181,546)	(13.00)	-	(21,181,546)	
<b>By MOF</b>																			
General	A	(36.00)	-	(22,176,746)	(36.00)	-	(22,485,191)	(36.00)	-	(22,176,746)	(36.00)	-	(22,485,191)	(13.00)	-	(21,181,546)	(13.00)	-	(21,181,546)
Special	B	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Federal	N	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Private	R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
County	S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Trust	T	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inter-departmental Transfer	U	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Revolving	W	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	X	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	Department Submittal						B&F Recommendation						Governor's Decision					
						FY 10			FY 11			FY 10			FY 11			FY 10			FY 11		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount

**BUDGET CEILING = BASE - MANDATORY REDUCTIONS:**

2,957.05	731.25	1,007,421,323	2,957.05	731.25	1,007,112,878	(36.00)	-	(22,176,746)	(36.00)	-	(22,485,191)	(13.00)	-	(21,181,546)	(13.00)	-	(21,181,546)
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**By MOF**

General	A	2,401.04	427.55	443,857,701	2,401.04	427.55	443,549,256	2,401.04	427.55	443,857,701	2,401.04	427.55	443,549,256	2,424.04	427.55	444,852,901	2,424.04	427.55	444,852,901
Special	B	123.50	26.00	201,802,472	123.50	26.00	201,802,472	123.50	26.00	201,802,472	123.50	26.00	201,802,472	123.50	26.00	201,802,472	123.50	26.00	201,802,472
Federal	N	359.31	245.85	116,418,890	359.31	245.85	116,418,890	359.31	245.85	116,418,890	359.31	245.85	116,418,890	359.31	245.85	116,418,890	359.31	245.85	116,418,890
Private	R	-	-	-	-	-	-	0.00	-	0	-	-	0	-	-	0	-	-	-
County	S	-	-	-	-	-	-	0.00	-	0	-	-	0	-	-	0	-	-	-
Trust	T	-	-	-	-	-	-	0.00	-	0	-	-	0	-	-	0	-	-	-
Inter-departmental Transfer	U	5.00	27.85	77,139,922	5.00	27.85	77,139,922	5.00	27.85	77,139,922	5.00	27.85	77,139,922	5.00	27.85	77,139,922	5.00	27.85	77,139,922
Revolving	W	68.20	4.00	168,202,338	68.20	4.00	168,202,338	68.20	4.00	168,202,338	68.20	4.00	168,202,338	68.20	4.00	168,202,338	68.20	4.00	168,202,338
Other	X	-	-	-	-	-	-	0.00	-	0	-	-	0	-	-	0	-	-	-

**VARIOUS OTHER ADJUSTMENTS:**

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>TIER 1 ADJUSTMENTS FOR MOF CHANGES AND DIVISION MERGERS (Items # 8-12C)</b>																				
O	1	HTH 560/KC	O-1a	Family Health Services - Establish special fund ceiling for Community Health Centers Special Fund for FQHCs	B			8,359,337			10,207,516			5,691,526			5,691,526			5,691,526
O	2A	HTH 590/GJ	O-1b	Tobacco Settlement - Transfer Chronic Disease & Mgt Control Branch's (CDMCB) Community Resources & Development Section (excluding bilingual health aides program) to Tobacco Settlement (TS) Program -- Change MOF from general funds to TSSF.	B	9.00		761,550	9.00		761,550	9.00		761,550	9.00		761,550	9.00		761,550
O	2B	HTH 590/GR	O-1c	Tobacco Settlement - Transfer CDMCB's Tobacco Prevention and Control Section to TSP -- Change MOF from general funds to TSSF.	B	1.00		112,609	1.00		112,609	1.00		112,609	1.00		112,609	1.00		112,609
O	2C	HTH 590/GP	O-1d	Tobacco Settlement - Transfer CDMCB's Diabetes and Chronic Disabling Diseases Section to TSP -- Change MOF from general funds to TSSF.	B	1.00		148,654	1.00		148,654	1.00		148,654	1.00		148,654	1.00		148,654
TR	3A	HTH 141/ED	TR-1a-1	Dental Diseases - Combine Dental Health Division (DHD) with Community Health Division (CHD) -- Transfer HTH 141/ED to HTH 580/ED	A	-11.00		-864,399	-11.00		-864,399	-11.00		-864,399	-11.00		-864,399	-11.00		-864,399
TR	3B	HTH 580/VED	TR-1a-2	Dental Diseases - Combine Dental Health Division (DHD) with Community Health Division (CHD) -- Transfer HTH 141/ED to HTH 580/ED	A	11.00		864,399	11.00		864,399	11.00		864,399	11.00		864,399	11.00		864,399
TR	4A	HTH 141/EE	TR-1b-1	Dental Diseases - Combine DHD with CHD -- Transfer HTH 141/EE to HTH 580/KD	A	-2.00		-349,039	-2.00		-339,668	-2.00		-349,039	-2.00		-339,668	-2.00		-339,668
TR	4B	HTH 580/KD	TR-1b-2	Community Health Services - Combine DHD with CHD -- Transfer HTH 141/EE to HTH 580/KD	A	2.00		349,039	2.00		339,668	2.00		349,039	2.00		339,668	2.00		339,668

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	Department Submittal						B&F Recommendation						Governor's Decision					
						FY 10			FY 11			FY 10			FY 11			FY 10			FY 11		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
TR	5A	HTH 580/GJ	TR-1c- 1	Community Health Services - Transfer federal funds from Chronic Diseases' Community Resources & Development Section (HTH 580/GJ) to TSP (excluding bilingual health aides program)	N			-100,000			-100,000			-100,000			-100,000			-100,000			-100,000
TR	5B	HTH 590/GJ	TR-1c- 2	Tobacco Settlement - Transfer federal funds from HTH 580/GJ to TSP to reflect transfer-in of CDMCB (excluding bilingual health aides program)	N			100,000			100,000			100,000			100,000			100,000			100,000
TR	6A	HTH 580/GP	TR-1d- 1	Community Health Services - Transfer federal funds from Chronic Diseases' Diabetes & Chronic Disabling Disease Section (HTH 580/GP) to TSP.	N	-4.00		-1,166,242	-4.00		-1,166,242	-4.00		-1,166,242	-4.00		-1,166,242	-4.00		-1,166,242	-4.00		-1,166,242
TR	6B	HTH 590/GP	TR-1d- 2	Tobacco Settlement - Transfer federal funds from (HTH 580/GP) to TSP to reflect transfer-in of CDMCB (excluding bilingual health aides program)	N	4.00		1,166,242	4.00		1,166,242	4.00		1,166,242	4.00		1,166,242	4.00		1,166,242	4.00		1,166,242
TR	7A	HTH 580/GQ	TR-1e- 1	Community Health Services - Transfer federal funds from Chronic Diseases' Cancer Prevention & Control Section (HTH 580/GQ) to TSP.	N			-1,338,281			-1,338,281			-1,338,281			-1,338,281			-1,338,281			-1,338,281
TR	7B	HTH 590/GQ	TR-1e- 2	Tobacco Settlement - Transfer federal funds from HTH 580/GQ) to TSP to reflect transfer-in of CDMCB.	N			1,338,281			1,338,281			1,338,281			1,338,281			1,338,281			1,338,281
TR	8A	HTH 580/GQ	TR-1f- 1	Community Health Services - Transfer U funds from Chronic Diseases' Cancer Prevention & Control Section (HTH 580/GQ) to TSP.	U			-150,000			-150,000			-150,000			-150,000			-150,000			-150,000
TR	8B	HTH 590/GQ	TR-1f- 2	Tobacco Settlement - Transfer U- funds from HTH 580/GQ) to TSP to reflect transfer-in of CDMCB (excluding bilingual health aides	U			150,000			150,000			150,000			150,000			150,000			150,000
TR	9A	HTH 580/GR	TR-1g- 1	Community Health Services - Transfer federal funds from Chronic Diseases' Tobacco Prevention & Control Section (HTH 580/GR) to TSP.	N	-7.00		-1,217,300	-7.00		-1,217,300	-7.00		-1,217,300	-7.00		-1,217,300	-7.00		-1,217,300	-7.00		-1,217,300
TR	9B	HTH 590/GR	TR-1g- 2	Tobacco Settlement - Transfer federal funds from HTH 580/GR) to TSP to reflect transfer-in of CDMCB (excluding bilingual health aides	N	7.00		1,217,300	7.00		1,217,300	7.00		1,217,300	7.00		1,217,300	7.00		1,217,300	7.00		1,217,300
TR	10A	HTH 580/GR	TR-1h- 1	Community Health Services - Transfer U funds from Chronic Diseases' Tobacco Prevention & Control Section (HTH 580/GR) to TSP.	U			-136,811			-136,811			-136,811			-136,811			-136,811			-136,811
TR	10B	HTH 590/GR	TR-1h- 2	Tobacco Settlement - Transfer U- funds from HTH 580/GR) to TSP to reflect transfer-in of CDMCB (excluding bilingual health aides program).	U			136,811			136,811			136,811			136,811			136,811			136,811

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	Department Submittal			B&F Recommendation						Governor's Decision								
						FY 10			FY 11			FY 10			FY 11			FY 10			FY 11		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
				<b>TIER 3 ADJUSTMENTS FOR DIVISION MERGERS (Item #16)</b>																			
TR	11A	HTH 131/DA	TR-1i- 1	Disease Outbreak Control Division (DOCD) - Combine DOCD with Communicable Diseases Division (CDD) - Transfer positions & funds from HTH 131/DA to HTH 100/KE	A	-5.00		-291,174	-5.00		-291,174	-5.00		-291,174	-5.00		-291,174	-5.00		-291,174	-5.00		-291,174
TR	11B	HTH 100/KE	TR-1i- 2	Disease Outbreak Control Division (DOCD) - Combine DOCD with Communicable Diseases Division (CDD) - Transfer positions & funds from HTH 131/DA to HTH 100/KE	A	5.00		291,174	5.00		291,174	5.00		291,174	5.00		291,174	5.00		291,174	5.00		291,174
TR	12A	HTH 131/DA	TR-1j- 1	Disease Outbreak Control Division - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DA to HTH 100/KE	N	-1.00		-63,309	-1.00		-63,309	-1.00		-63,309	-1.00		-63,309	-1.00		-63,309	-1.00		-63,309
TR	12B	HTH 100/KE	TR-1j- 2	Communicable Diseases Division (CDD) - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DA to HTH 100/KE	N	1.00		63,309	1.00		63,309	1.00		63,309	1.00		63,309	1.00		63,309	1.00		63,309
TR	13A	HTH 131/DB	TR-1k- 1	Disease Outbreak Control Division (DOCD) - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DB to HTH 100/DB	N	-12.00	(44.00)	-8,868,290	-12.00	(44.00)	-8,868,290	-12.00	(44.00)	-8,868,290	-12.00	(44.00)	-8,868,290	-12.00	(44.00)	-8,868,290	-12.00	(44.00)	-8,868,290
TR	13B	HTH 100/DB	TR-1k- 2	Communicable Diseases - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DB to HTH 100/DB	N	12.00	44.00	8,868,290	12.00	44.00	8,868,290	12.00	44.00	8,868,290	12.00	44.00	8,868,290	12.00	44.00	8,868,290	12.00	44.00	8,868,290
TR	14A	HTH 131/DC	TR-1l- 1	Diseases Outbreak Control Division (DOCD) - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DC to HTH 100/DC	N	-21.00	(11.00)	-2,904,975	-21.00	(11.00)	-2,904,975	-21.00	(11.00)	-2,904,975	-21.00	(11.00)	-2,904,975	-21.00	(11.00)	-2,904,975	-21.00	(11.00)	-2,904,975
TR	14B	HTH 100/DC	TR-1l- 2	Communicable Diseases Division (CDD) - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DC to HTH 100/DC	N	21.00	11.00	2,904,975	21.00	11.00	2,904,975	21.00	11.00	2,904,975	21.00	11.00	2,904,975	21.00	11.00	2,904,975	21.00	11.00	2,904,975
TR	15A	HTH 131/DJ	TR-1m- 1	Disease Outbreak Control Division (DOCD) - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DJ to HTH 100/DJ	A	-15.60		-1,439,230	-15.60		-1,439,230	-15.60		-1,439,230	-15.60		-1,439,230	-15.60		-1,439,230	-15.60		-1,439,230
TR	15B	HTH 100/DJ	TR-1m- 2	Communicable Diseases Division - DOCD with CDD - Transfer positions & funds from HTH 131/DJ to HTH 100/DJ	A	15.60		1,439,230	15.60		1,439,230	15.60		1,439,230	15.60		1,439,230	15.60		1,439,230	15.60		1,439,230
TR	16A	HTH 131/DJ	TR-1n- 1	Disease Outbreak Control Division (DOCD) - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DJ to HTH 100/DJ	N	-0.40	(10.00)	-982,706	-0.40	(10.00)	-982,706	-0.40	(10.00)	-982,706	-0.40	(10.00)	-982,706	-0.40	(10.00)	-982,706	-0.40	(10.00)	-982,706
TR	16B	HTH 100/DJ	TR-1n- 2	Communicable Diseases Division (CDD) - Combine DOCD with CDD - Transfer positions & funds from HTH 131/DJ to HTH 100/DJ	N	0.40	10.00	982,706	0.40	10.00	982,706	0.40	10.00	982,706	0.40	10.00	982,706	0.40	10.00	982,706	0.40	10.00	982,706



Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	Department Submittal			B&F Recommendation						Governor's Decision								
						FY 10			FY 11			FY 10			FY 11			FY 10			FY 11		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>OTHER ADJUSTMENTS</b>																							
HS	17	HTH 501/CN	1	Developmental Disabilities - Increase in HCBS match due to decrease in FMAP from 56.50% to 55.10% EFF 10/1/08.	A						1,592,402			-									
HS	18	HTH 730/MQ	HS-1	Emergency Medical Services - Increase EMS special fund ceiling	B			1,195,725			2,295,655			1,195,725									2,295,655
HS	19	HTH 840FJ	HS-2	Environmental Management Div - Establish special fund ceiling for E-Device Recycling per Act 13/07 and DPSSA IV	B		1.00	500,000			500,000			500,000								1.00	500,000
O	20	HTH 590/KK	O-3	Tobacco Settlement - Establish 4 new temporary positions under the Tobacco Settlement Special Fund	B		4.00	-			4.00			-								4.00	-
O	21	HTH 590/KK	O-4	Tobacco Settlement - Increase the special fund ceiling for the Tobacco Settlement Special Fund	B			3,167,487			3,167,487			2,144,674									2,144,674
O	22A	HTH 440/HO	O-5	Alcohol & Drug Abuse Division - Other Services & POS - Increase appropriation ceiling for Drug Demand Reduction Assessments (DDRA) Special Fund from \$150,000 to \$450,000.	B			300,000			300,000			1,100,000									450,000
O	22B	HTH 440/HO	O-5	Alcohol & Drug Abuse Division - General Fund Adjustment	A									(1,100,000)									(450,000)
O	23A	HTH 560/CI	O-6	Family Health Services - Change MOF for .50 permanent CDR RN V from U to B	B	0.50		70,459	0.50		70,459	0.50		70,459	0.50						0.50		70,459
O	23B	HTH 560/CI	O-6	Family Health Services - Change MOF for .50 permanent CDR RN V from U to B	U	-0.50		-40,919	-0.50		-40,919	0.50		(40,919)	0.50						-0.50		(40,919)
O	24	HTH 760/MS	O-7	Health Status Monitoring - Establish new temp Planner IV to automate the Marriage Registration System.	B		1.00	90,490			90,490			-									90,490
O	25	HTH 906/AC	O-8	State Health Planning & Development Agency (SHPDA) - Increase SHPDA Special Fund Ceiling for FB 09-11 Base =	B			30,000			30,000			0									0
O	26A	HTH 840 FJ	O-10	Environmental Management Div - Change MOF for Engineer IV (#51077) from Federal to ERRF to assist with the monitoring of land fills.	N	-1.00		-72,175	-1.00		-72,175	-1.00		-72,175	-1.00								-72,175
O	26B	HTH 840 FJ	O-10	Environmental Management Div - Change MOF for Engineer IV (#51077) from Federal to ERRF to assist with the monitoring of land fills.	W	1.00		72,175	1.00		72,175	1.00		72,175	1.00								72,175
O	27	HTH 560/CW	O-11	Family Health Services - Increase federal ceiling in HTH 560/CW for the Disparities in Perinatal Health grant	N			112,435			112,435			112,435									112,435
O	28	HTH 560/GI	O-12	Family Health Services - Increase Fed ceiling for Breastfeeding Peer Counseling Program agreement	N			96,073			96,073			96,073									96,073
O	29	HTH 560/GI	O-13	Family Health Services - Increase Fed ceiling for WIC Grant	N			3,710,395			3,710,395			3,710,395									3,710,395

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	Department Submittal						B&F Recommendation						Governor's Decision					
						FY 10			FY 11			FY 10			FY 11			FY 10			FY 11		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
O	30	HTH 580/GP	O-15	Community Health Services - Increase Federal fund ceiling for State Heart Disease and Stroke Prevention cooperative agreement	N		3.00	330,113		3.00	330,113		3.00	330,113		3.00	330,113		3.00	330,113			
O	31A	HTH 720/MP	O-16	Health Care Assurance - Change MOF of ITS IV from 50% to 100% U fund to assume administrative duties of the program.	N		-0.50	-37,715		-0.50	-37,715		-0.50	-37,715		-0.50	-37,715		-0.50	-37,715			
O	31B	HTH 720/MP	O-16	Health Care Assurance - Change MOF of ITS IV from 50% to 100% U fund to assume administrative duties of the program.	U		0.50	37,715		0.50	37,715		0.50	37,715		0.50	37,715		0.50	37,715			
O	32	HTH 720/MP	O-17	Health Care Assurance - New ITS IV to support the Medicare Survey Program.	N		1.00	67,906		1.00	65,006		1.00	67,906		1.00	65,006		1.00	65,006			
O	33	HTH 840/FH	O-9	Environmental Management Div - Increase federal fund ceiling based on higher grant award level for Safe Drinking Water Program.	N			117,766			117,766			117,766			117,766			117,766			
O	34	HTH 840/FF	O-18	Environmental Management Div - New Engineer IV & Prog Spec IV to implement the Green House Gas Program per Act 234/07 to be funded by ERRF. Requested 7.00 positions and \$446,796 A in FY 09	W		2.00	168,437		2.00	168,437		2.00	168,437		2.00	168,437		2.00	168,437			
TR	35A	HTH 100/DG	TR-2a	Communicable Diseases - Trade-off/transfer permanent position count only to HTH 710/MB	A	-1.00	1.00	-	-1.00	1.00	-	-1.00	1.00	-	-1.00	1.00	-	-1.00	1.00	-			
TR	35B	HTH 710/MB	TR-2b	State Laboratory Services - Trade off transfer of permanent position count from HTH 100/DG	A	1.00		-	1.00		-	1.00	0.00	-	1.00	0.00	-	1.00	0.00	-			
TR	36A	HTH 440/HD	TR-3a	Alcohol & Drug Abuse Div - Trade-off/transfer position count only from RN IV (#25389) in HTH 580/KJ to ITS IV (#118211) in HTH 440/HD	A	1.00	-1.00	-	1.00	-1.00	-	0.00	-	0	-	-	-	0.00	-	0			
TR	36B	HTH 580/K	TR-3b	Community Health Services - Trade-off/transfer position count only from RN IV (#25389) in HTH 580/KJ to ITS IV (#118211) in HTH 440/HD	A	-1.00		-	-1.00		-	-1.00		-	-1.00		-	-1.00		-			
TR	36C	HTH 440/HD	TR-3c	Alcohol & Drug Abuse Div - Trade-off/transfer position count only from RN IV (#03073) in HTH 580/KJ to Prog Spclt SA IV (#117899) in HTH 440/HD	A	1.00	-1.00	-	1.00	-1.00	-	0.00	0.00	-	0.00	0.00	-	0.00	0.00	-			
TR	36D	HTH 580/K	TR-3d	Community Health Services - Trade-off/transfer position count only from RN IV (#03073) in HTH 580/KJ to Prog Spclt SA IV (#117899) in HTH 440/HD	A	-1.00		-	-1.00		-	-1.00		-	-1.00		-	-1.00		-			
TR	36E	HTH 440/HR	TR-3e	Alcohol & Drug Abuse Div - Trade-off/transfer position count only from RN IV (#03028) in HTH 580/KJ to Prog Spclt SA IV (#117897) in HTH 440/HR	A	1.00	-1.00	-	1.00	-1.00	-	0.00	-	-	-	-	-	0.00	-	-			
TR	36F	HTH 580/K	TR-3f	Community Health Services - Trade-off/transfer position count only from RN IV (#03028) in HTH 580/KJ to Prog Spclt SA IV (#117897) in HTH 440/HR	A	-1.00		-	-1.00		-	-1.00		-	-1.00		-	-1.00		-			

Req Cat	B&F Code	Prog ID/Ora	Dept Pri	Description	MOF	Department Submittal						B&F Recommendation						Governor's Decision					
						FY 10			FY 11			FY 10			FY 11			FY 10			FY 11		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
TR	36G	HTH 907/AP	TR-3g	General Administration - Trade-off/transfer position count only from LPN II (#10560) in HTH 580/KJ to Secretary I (#117233) in HTH 907/AP	A	1.00	-1.00	-	1.00	-1.00	-	0.00	0.00	-	0.00	0.00	-	0.00	0.00	-	0.00	0.00	-
TR	36H	HTH 580/K	TR-3h	Community Health Services - Trade-off/transfer position count only from LPN II (#10560) in HTH 580/KJ to Secretary I (#117233) in HTH 907/AP	A	-1.00	-	-	-1.00	-	-	-1.00	-	-	-1.00	-	-	-1.00	-	-	-1.00	-	-
TR	37	HTH 100/DI	TR-4	Communicable Diseases - Trade-off Epi Specialist III (#39723) to establish Data Management Specialist	N	-	0.00	-	-	0.00	-	0.00	-	-	0.00	-	-	0.00	-	-	0.00	-	-
	38A	HTH 906/AC	RE	SHPDA - Abolish SHPDA	A	-	-	-	-	-	-	-8.00	-	(556,641)	-8.00	-	(556,641)	-	-	-	-	-	-
	38B	HTH 906/AC	RE	SHPDA - Abolish SHPDA	B	-	-	-	-	-	-	-	-	(114,000)	-	-	(114,000)	-	-	-	-	-	-
	38	HTH 849/FA	O	To fund DBEDT's Renewable Energy Facilitator position established per Act 208, SLH 08	W	-	-	-	-	-	-	-	-	119,280	-	-	119,280	-	-	-	-	-	119,280
	39	Various	O	Federal Fund Adjustment for CB	N	-	-	(2,435,948)	-	-	(2,433,973)	-	-	(2,435,948)	-	-	(2,435,948)	-	-	-	-	-	(2,433,973)

Request Category Legend:

FE	Fixed Cost/Entitlement
HS	Health, Safety, Court Mandate
TR	Trade-Off/Transfer
G	Governor's Program Initiative
RC	Recurring Costs
RE	Reductions
O	Other

**TOTAL ADJUSTMENTS:**

	11.00	9.00	16,862,569	11.00	9.00	21,402,155	0.00	8.00	12,290,584	-	8.00	13,239,589	7.00	12.00	12,961,225	7.00	12.00	14,060,230
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**By MOF**

MOF	FY 10 FTE (P)	FY 10 FTE (T)	FY 10 \$ Amount	FY 11 FTE (P)	FY 11 FTE (T)	FY 11 \$ Amount	FY 10 FTE (P)	FY 10 FTE (T)	FY 10 \$ Amount	FY 11 FTE (P)	FY 11 FTE (T)	FY 11 \$ Amount	FY 10 FTE (P)	FY 10 FTE (T)	FY 10 \$ Amount	FY 11 FTE (P)	FY 11 FTE (T)	FY 11 \$ Amount
General A	-	(3.00)	-	-	(3.00)	1,592,402	-12.00	1.00	(1,656,641)	(12.00)	1.00	(1,006,641)	-4.00	1.00	(1,100,000)	(4.00)	1.00	(450,000)
Special B	11.50	6.00	14,736,311	11.50	6.00	17,684,420	11.50	1.00	11,701,687	11.50	1.00	12,001,617	11.50	5.00	11,815,687	11.50	5.00	12,265,617
Federal N	(1.00)	3.50	1,888,850	(1.00)	3.50	1,887,925	-1.00	3.50	1,888,850	(1.00)	3.50	1,887,925	-1.00	3.50	1,888,850	(1.00)	3.50	1,887,925
Private R	-	-	-	-	-	-	0.00	-	0	-	-	0	0.00	-	0	-	-	-
County S	-	-	-	-	-	-	0.00	-	0	-	-	0	0.00	-	0	-	-	-
Trust T	-	-	-	-	-	-	0.00	-	0	-	-	0	0.00	-	0	-	-	-
Inter-departmental Transfer U	(0.50)	0.50	(3,204)	(0.50)	0.50	(3,204)	0.50	0.50	(3,204)	0.50	0.50	(3,204)	-0.50	0.50	(3,204)	(0.50)	0.50	(3,204)
Revolving W	1.00	2.00	240,612	1.00	2.00	240,612	1.00	2.00	359,892	1.00	2.00	359,892	1.00	2.00	359,892	1.00	2.00	359,892
Other X	-	-	-	-	-	-	0.00	-	0	-	-	0	0.00	-	0	-	-	-

**GRAND TOTAL = BUDGET CEILING + ADJUSTMENTS:**

	2,968.05	740.25	1,024,283,892	2,968.05	740.25	1,028,515,033	2,957.05	739.25	1,019,711,907	2,957.05	739.25	1,020,352,467	2,987.05	743.25	1,021,377,748	2,987.05	743.25	1,022,476,753
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**By MOF**

MOF	FY 10 FTE (P)	FY 10 FTE (T)	FY 10 \$ Amount	FY 11 FTE (P)	FY 11 FTE (T)	FY 11 \$ Amount	FY 10 FTE (P)	FY 10 FTE (T)	FY 10 \$ Amount	FY 11 FTE (P)	FY 11 FTE (T)	FY 11 \$ Amount	FY 10 FTE (P)	FY 10 FTE (T)	FY 10 \$ Amount	FY 11 FTE (P)	FY 11 FTE (T)	FY 11 \$ Amount
General A	2,401.04	424.55	443,857,701	2,401.04	424.55	445,141,658	2,389.04	428.55	442,201,060	2,389.04	428.55	442,542,615	2,420.04	428.55	443,752,901	2,420.04	428.55	444,402,901
Special B	135.00	32.00	216,538,783	135.00	32.00	219,486,892	135.00	27.00	213,504,159	135.00	27.00	213,804,089	135.00	31.00	213,618,159	135.00	31.00	214,068,089
Federal N	358.31	249.35	118,307,740	358.31	249.35	118,306,815	358.31	249.35	118,307,740	358.31	249.35	118,306,815	358.31	249.35	118,307,740	358.31	249.35	118,306,815
Private R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
County S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Trust T	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inter-departmental Transfers U	4.50	28.35	77,136,718	4.50	28.35	77,136,718	5.50	28.35	77,136,718	5.50	28.35	77,136,718	4.50	28.35	77,136,718	4.50	28.35	77,136,718
Revolving W	69.20	6.00	168,442,950	69.20	6.00	168,442,950	69.20	6.00	168,562,230	69.20	6.00	168,562,230	69.20	6.00	168,562,230	69.20	6.00	168,562,230
Other X	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Attachment 5  
 All Positions Vacant as of 12/1/08

**ATTACHMENT 5**

<u>Date of Vacancy</u>	<u>Position Title</u>	<u>Position Number</u>	<u>Exempt (Y/N)</u>	<u>Budgeted Amount</u>	<u>Actual Salary Last Paid</u>	<u>MOF</u>	<u>Prog ID</u>	<u>Authority to Hire (Y/N)</u>
	<b>VACANCY REPORTS are forthcoming in a separate submittal</b>							

Attachment 6

Federal Fund Expenditures Exceeding Ceiling for FY08 and FY09 to date

**ATTACHMENT 6**

<u>Prog ID</u>	<u>Act 213/07 or Act 158/08 Ceiling</u>	<u>Actual FY 2008, Anticipd FY 09 Additional Ceiling</u>	<u>Date of Transfer</u>	<u>Reason for Exceeding Ceiling</u>	<u>Recurring (Y/N)</u>	<u>GF Impact (Y/N)</u>
<b>FY 2008</b>						
440	10,859,867	2,275,000	2/7/2008	SAMHSA - Grant Award - Access to Recovery Grant	N	N
560	9,654,433	288,255	3/17/2008	WIC - Special Supplemental Nutrition Program	N	N
		130,000	3/17/2008	New federal fiscal year award amount for Newborn Screening, ethical, legal, & social issues, project grant.	N	N
710	-	483,333	10/2/2008	Food Emergency Response Network E25(FERN) Grant	N	N
907	1,304,909	1,600,000	4/16/2008	FLEX - Critical Access Hospital (CAH) HIT Network Implementation Grant	N	N
<b>FY 2009</b>						
560	42,099,682	130,000	9/15/2008	New federal fiscal year award amount for Newborn Screening, ethical, legal, & social issues, project grant.	N	N
		3,448,451	9/15/2008	Availability of additional funds/benefits/svcs. To WIC eligible low-income, women, infants, & children, up to five years including breastfeeding promotion & education.	N	N

Attachment 7  
List of Transfers for FY08 and FY09 to date

**ATTACHMENT 7**

<u>From Prog ID</u>	<u>To Prog ID</u>	<u>Amount Transferred</u>	<u>Date of Transfer</u>	<u>Reason for Transfer</u>	<u>Recurring (Y/N)</u>
<b>FY 2008</b>					
460	420	546,382	2/22/2008	Increase in POS contracts for services to SPMI clients- increasing number consumers requiring services	N
580		176,428			N
610		212,585			N
840	420	75,000	6/24/2008	Increase in POS contracts for services to SPMI clients- increasing number consumers requiring services	N
580		175,000			N
730		565,000			N
849		40,000			N
580	907	180,000	6/24/2008	For compliance with HIPAA requirements, disaster recovery requirements	N
610	710	250,000	5/22/2008	To address VOG Air Monitoring Equipment Stations & Software upgrades for the Air Lab System	N

Attachment 7  
List of Transfers for FY08 and FY09 to date

**ATTACHMENT 7**

**FY 2009**

See BELOW for redistribution of Act 153/2008 Legislative Discretionary Reduction (LDR)

<u>From Prog ID</u>	<u>To Prog ID</u>	Amount Transferred Out	Amount Transferred In	<b>Program</b>
100		141,463		Communicable Disease
131		16,645		Disease Outbreak Control
141		17,440		Dental Health
501		150,477		Developmental Disabilities
560		451,246		Family Health Services
580		500,000		Community Health
730		234,157		Emerg Med Svcs & Injury Prev Sys
595		0	151,148	Health Resources Administration (Total LDR \$181,880)
420		637,374		Adult Mental Health - Outpatient
430		542,778		Adult Mental Health - Inpatient
440		201,170		Alcohol & Drug Abuse
460		450,785		Child & Adolescent Mental Health
495		0	2,144,523	Behavioral Health Admin (Total LDR \$2,409,969)
610		500,000		Environmental Health Svcs
710		185,072		State Laboratories
840		34,575		Environmental Management
849		9,703		Environmental Health Admin
520		13,819		DISABILITY & COMMUNICATION ACCESS BOARD
850		3,200		OFFICE OF ENVIRONMENTAL QUALITY CONTROL
905		2,099		DEVELOPMENTAL DISABILITIES COUNCIL
906		6,773		STATE HEALTH PLANNING & DEVELOPMENT AGENCY
904		61,213		EXECUTIVE OFFICE ON AGING
720		15,553		Office of Health Care Assurance
760		15,748		Office of Health Status Monitoring
907		0	1,895,619	General Administration (Total LDR \$1,955,210)
<b>TOTAL FY 2009</b>		<b>4,191,290</b>	<b>4,191,290</b>	

Attachment 8  
CIP Summary

**ATTACHMENT 8**

Priority	Project Title	FY10 \$\$\$	FY11 \$\$\$	MOF
	<b>SEE THE FOLLOWING ATTACHED CIP SUMMARY SHEET "FORM S"</b>			



**FB 09-11 BUDGET  
DEPARTMENT SUMMARY OF PROPOSED CIP LAPSES AND NEW CIP REQUESTS  
DEPARTMENT OF HEALTH**

PART A: PROPOSED LAPSES						Amount		
Dept	Pri	Act/Yr	Item No.	Proj No.	Project Title and Reason for Lapsing	MOF	FY 10	FY 11
<b>TOTAL</b>							-	-

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							
Req Cat	Dept Pri	Prog ID	Proj No.	Project Title	MO F	FY 10	FY 11
HS	1	840	840101	Wastewater Treatment Revolving Fund for Pollution Control	C	1,045,000	1,045,000
HS	1	840	840101	Wastewater Treatment Revolving Fund for Pollution Control	N	5,224,000	5,224,000
HS	2	840	840102	Safe Drinking Water Revolving Fund, Statewide	C	1,630,000	1,630,000
HS	2	840	840102	Safe Drinking Water Revolving Fund, Statewide	N	8,146,000	8,146,000
HS	3	907	907101	Various Improvements to Department of Health Facilities, Statewide	C	3,271,000	2,766,000
HS	4	430	430103	Hawaii State Hospital, Repairs and Improvements to Various Bldgs & Sites, Oahu	C	2,071,000	3,962,000
HS	5	907	907104	Waimano Ridge, Building Improvements, Oahu. These Buildings Now House Staff from Adult Mental Health, Developmental Disabilities and Environmental Divisions	C	1,570,000	3,272,000
HS	6	907	907106	Energy Efficiency Improvements to Department of Health Facilities, Statewide	C	3,088,000	
<b>TOTAL</b>						26,045,000	26,045,000

Request Category:  
M Maintenance of Existing Facilities  
C Completion of Current Projects  
HS Health, Safety, Court Mandates  
E Energy Efficiency  
G Governor's Program Initiatives  
O Other

BY MOF		
General Fund	A	-
Special Funds	B	-
General Obligation Bonds	C	12,675,000
Reimbursable GO Bonds	D	-
Revenue Bonds	E	-
Federal Funds	N	13,370,000
Private Contributions	R	-
County Funds	S	-
Interdepartmental Transfers	U	-
Revolving Funds	W	-
Other Funds	X	-