

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE

Council of the County of Maui

MINUTES

March 9, 2026

Online Only via Teams

CONVENE: 10:04 a.m.

PRESENT: VOTING MEMBERS:

Councilmember Shane M. Sinenci, Chair
Councilmember Gabe Johnson, Vice-Chair
Councilmember Kauanoe Batangan, Member
Councilmember Tom Cook, Member
Councilmember Alice L. Lee, Member (In 10:06 a.m.; Out 11:05 a.m.)
Councilmember Tamara Paltin, Member
Councilmember Keani N.W. Rawlins-Fernandez, Member
Councilmember Yuki Lei K. Sugimura, Member
Councilmember Nohelani U‘u-Hodgins, Member (In 10:21 a.m.)

STAFF:

Clarissa MacDonald, Legislative Analyst
Ellen McKinley, Legislative Analyst
Megan Moniz, Legislative Attorney
Criselda Paranada, Committee Secretary
Lei Dinneen, Assistant Clerk
Ryan Martins, Council Ambassador

Residency Area Offices

Christian Balagso, Council Aide, West Maui Residency Area Office
Roxanne Morita, Council Aide, Lāna‘i Residency Area Office
Keomailani Hirata, Council Aide, Molokai Residency Area Office
Mavis Oliveira-Medeiros, Council Aide, East Maui Residency Area Office
Bill Snipes, Council Aide, South Maui Residency Area Office

ADMIN.:

Jessica Crouse, Acting Director, Department of Human Concerns (WASSP-1(17))
Gina Young, Director, East Maui Water Authority (WASSP-1(18))
Leslie Tamaribuchi, Grant Coordinator, East Maui Water Authority (WASSP-1(18))
Yukari Murakami, Deputy Corporation Counsel, Department of the Corporation Counsel (All)

OTHERS:

Nicole Hokoana, Chief Executive Officer, Maui Behavioral Health Resources
(WASSP-1(17))

Testifiers

Jasee Law (All)
Testifier 1 (The Royal House of Hawai‘i) (WASSP-1(18))

(20+) additional attendees

PRESS:

Akakū: Maui Community Television, Inc.

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CHAIR SINENCI: . . . *(gavel)* . . . Aloha kakahiaka kākou. Welcome to the WASSP Committee meeting of Monday, March 9, 2026. It is now 10:04. And mahalo for the late start. We kind of clearing all the cobwebs—literally, figuratively. I’m Shane Sinenci, your Committee Chair. Mahalo, Members, for taking the time to attend this meeting. As a quick reminder for members of the public to please silence your cell phones or any noisemaking devices. Members, in accordance with the Sunshine Law, if you’re not in the Council Chamber, please identify by name who, if anyone, is in the room, vehicle, or workspace with you today. And minors do not need to be identified. Please see the last page of the agenda for information on meeting connectivity. Joining us this morning we have Committee Vice-Chair Gabe Johnson. Aloha and good morning.

VICE-CHAIR JOHNSON: Aloha and good morning, Chair, Councilmembers, community members. There’s no testifiers here at the Lāna‘i District Office. I’m alone on my side of the office with my snoring dog and my chirping birds outside. So I’m here and ready to work. Mahalo, Chair.

CHAIR SINENCI: All right. Great. Welcome, Hoku. Also joining us in the Chamber is Councilmember Kauanoe Batangan.

COUNCILMEMBER BATANGAN: Good morning, Chair.

CHAIR SINENCI: Morning. Thanks for being here. Also in the Chambers, we have Councilmember Tom Cook. Aloha and good morning.

COUNCILMEMBER COOK: Aloha, good morning, Chair. There’s currently no testifiers in the Kihei Office. But we have staff on standby. Looking forward to your meeting.

CHAIR SINENCI: Welcome, Kihei Office. I don’t see Chair Lee. Is she on? Oh, she’s logging on. Okay. We’ll come back to her. Joining us in the Chambers, Councilmember Tamara Paltin. Aloha and good morning.

COUNCILMEMBER PALTIN: Aloha kakahiaka kākou. Streaming live and direct from the Council Chambers.

CHAIR SINENCI: Mahalo for being here. I presume Member Rawlins-Fernandez is in Moloka‘i or somewhere in the world. She’ll let us know.

COUNCILMEMBER RAWLINS-FERNANDEZ: Aloha kakahiaka, Chair. Aloha kakahiaka kākou mai Molokai Nui a Hina. With background from Lāna‘i. I’m at my private residence. . . .*(laughing)*. . . I have my daughter with me. She’s under the weather. And so, if you see me speaking with anyone, that’s who it is. And there are currently no testifiers at the Molokai District Office. Mahalo, Chair.

CHAIR SINENCI: All right, from the Cedar Room at Lāna‘i Hotel. Welcome.

COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah. That’s it. . . .*(laughing)*. . .

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CHAIR SINENCI: I do see Chair Lee now. Aloha and welcome.

COUNCILMEMBER LEE: Aloha, Chair. I'm here alone in my workspace. I'll be here today because my kitty is undergoing surgery today, so I have to be on call for her. But I am on call for you as well. Thank you.

CHAIR SINENCI: Okay. Mahalo for being here and prayers for your little kitty.

COUNCILMEMBER LEE: Thank you.

CHAIR SINENCI: Also joining us in the...in the Chambers is Member Sugimura. Aloha and good morning.

COUNCILMEMBER SUGIMURA: Good morning. Aloha. Nice to see you and I hope all of you had a great weekend.

CHAIR SINENCI: Thanks for being here. I do not see Member U'u-Hodgins, but I'm sure she'll join us in a little bit. From the Administration today we have Acting Director of Human Concerns online for our first item. And then for our second item we have the Director of the East Maui Water Authority. From Corporation Counsel we have Ms. Yukari Murakami. Aloha and good morning. And we also have WASSP Committee Staff with us this morning. Good morning, everyone, and welcome. Okay. Members, on today's agenda we have two items. The Continuum of Care for Substance Abuse, WASSP-1(17) and the Operational and Budgetary Review of the East Maui Water Authority WASSP-1(18). Without objection, Members, for WASSP-1(17), I'll be designated [*sic*] the Chief Executive Officer of Maui Behavior Health Resources as a resource under Rule 18(A) of the Rules of the Council because of her expertise on Aloha House Medically Monitored Withdrawal Management program. Any objections?

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Ms. Nicole Hokoana, kala mai. Staff, do we have any testimony this morning?

MS. MCKINLEY: Chair, no one has signed up to testify at the beginning of the meeting. Would you like us to do a last call?

CHAIR SINENCI: Sure.

MS. MCKINLEY: If anyone would like to testify, please come up to the podium or raise your hand on Teams. The countdown is three...two...one. Seeing none, Chair.

. . . CLOSE PUBLIC TESTIMONY AT BEGINNING OF MEETING . . .

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ITEM 1(17): CONTINUUM OF CARE FOR SUBSTANCE ABUSE

CHAIR SINENCI: Okay. Mahalo. I will now proceed with our first agenda item. Members, today's first agenda item is Continuum of Care for Substance Abuse. Aloha House is part of Maui Behavioral Health Resources, and we have Ms. Hokoana here today, and I believe many of you had attended the groundbreaking or the opening of the new dormitories. Aloha House was established in 1977 to provide sober living accommodation for adults in recovery. Their continuum of care to treat substance and alcohol use disorders has grown to include a medically monitored withdrawal management program. Established in 2000, Aloha House Inc.'s medically monitored withdrawal management program aims to safely manage subacute withdrawal symptoms when an individual stops using substances or alcohol. It also introduces and connects participants to treatment options, support in their continued recovery journey beyond the initial medical stabilization. And so, to learn more about this program and other care options, we have Ms. Nicole Hokoana from Maui Behavioral Health Resources with us this morning. Again, mahalo for joining us, and you now have the floor.

MS. HOKOANA: Good morning. I was...I was actually trying to move this farther away from . . . *(laughing)* . . . farther away from me. Aloha kakahiaka kākou. Good morning, Chair, Vice-Chair, Councilmembers, and Councilmember Sinenci for inviting me to speak. My name is Nicole Hokoana and I am the CEO for Maui Behavioral Health Resources, which includes three agencies. We'll be talking about Aloha House today, but our sister agencies also include Malama Family Recovery Center, as well as Maui Youth and Family Services. So today, I wanted to share with you guys a little bit I...I mean I took this as an opportunity to share and educate you guys a little bit about what we do. In my role as CEO for the last two years, I've really begun to realize that we're kind of tucked away and not...not many people know much about treatment services and then some of the unique services that we provide here on Maui that is really unprovided throughout the State. So Aloha House has been in the community since 1977. We serve primarily our local community here. We've been a safety net providing the only residential treatment program here in Maui County that is accredited both nationally as well as within the State. We maintain licenses—and this is for many, many years—and I think it's an important part of being a provider, is being accredited and having and maintaining licensure. So we also provide a medically monitored withdrawal management program. And it's also unique in the State. So what happens I'm gonna describe a little bit of our workflow, but we've been working very closely since the year 2000 with the emergency department. So when people go to the emergency department and they're detoxing from substances, the emergency department will not want to admit them unless there is a medical condition, an acute medical condition that requires admission. So our partnership with them, with Maui Memorial or Maui Health, started in...in the year 2000, and what happens is the ED will conduct a physical, do a toxicology screen, order medications that might be needed in order for the...for the patient to be able to detox a little more comfortably. And then they call us. They let us know that they're going to be transferring a patient to us, as long as that patient consents. So with that consent we'll...we'll drive to the emergency room, we'll pick up that consumer, we'll go to the pharmacy, pick up their prescription, and we'll bring them

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on to our campus. And what...and one of the reasons this...this is such a unique...it's a unique partnership. But also, we have registered nurses 24/7. So we're really able to care for our subacute population that most...I don't know that there's any other organization in the State that does something similar. And we've been doing it for so long that this is kind of the only way we know how to operate. But one of the many... one of several benefits is that it...we reduce the...the people in the ED, right, reserving care—ED care—for those that are in most need of it. So we...we're bringing them onto our campus, we're exposing them to our campus where we have people there that can engage them in treatment because detox isn't treatment, detox is just the first step. We're able to offer medications that are prescribed by the physician to stabilize them medically, and then be talking to them, counseling them, hey, are you ready for treatment. And then, of course, our hope, our goal is that they'll say yes, you know, maybe now's the time. And our campus is there, right, so it's just a couple feet away, we can transfer them to our residential program, and we just have the best... it's just the best likelihood that someone will give treatment a try. And the first two weeks of being on our campus, they're most vulnerable of leaving what we call against medical advice or against staff advice, but it is a voluntary program. So, any rate, that's some of the benefits of having a medical detox with this nursing capability. Also, we offer...on our campus, we have a mental health stabilization program. So after, or while they're detoxing, if they need sort of psychiatric medications, we can connect them with the APRN-Rx, we can get them those medications because often it's co-occurring. So we know people are struggling with maybe some mental illness, they have anxiety, they may have depression, they also have a substance use disorder, or alcohol use disorder. So we're able to like treat any and all of it. And if they're not ready, quite ready for residential because they have a mental health concern that's sort of barrier, like, we need to take care of their anxiety a little bit before they can really engage in treatment, then we can put them into the mental health stabilization program for ten days, stabilize, and then try to get them into residential. So our campus is super unique, having the medical staff, having psychiatric services. It's just it really is...it's a really great program, and we're very committed to, you know, trying to keep these programs open and available here on Maui. Programs like this may have existed in the past on other islands, but it is cost prohibitive because of the nursing, and we all know what nursing costs, how nursing costs have risen over the last five years. So I wanted to provide this chart just to sort of inform the Members and also, mostly, I mean, also the broader public about what happens over time when reimbursements remain flat while costs go up. So you might be able to tell a couple of things from this chart is, you know, we were about breaking even around COVID—2019, 2020—and maybe like a lot of organizations we were.. we expected the costs to go down. We expected housing costs that rose to be temporary. We definitely didn't plan for wildfires. We didn't anticipate that, the exorbitant rise in costs over time. And so, what the situation at Aloha House is finding itself in, which is part of what I wanted to share with you guys about, is that we have flat contracts with the County. You know, flat meaning like our revenue doesn't change over time. We do have...we have contracts with the Department of Health, Alcohol and Drug Abuse Division. We've received the same amount of funding for ten years, more than ten years. And I'm very grateful to the County, we've received support for our residential program, for our medical detox from before I was ever head of Aloha House, so I'm very grateful to the County. But...and there's a lot of really valuable

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nonprofits out there, so I never want to, I don't know, not be grateful or not appear grateful. But we have...we do typically receive the same amount over time. And so, it doesn't help us to meet the...meet the rise in inflation. Also, a big struggle for us is insurance companies. Aloha House is about 85 percent Medicaid-funded. And so, that was the other concern that I wanted to, you know, just bring awareness to because The Big Beautiful Bill, we're starting to see impacts. You know, we know that it...it entails the major Medicaid funding cuts. What that looks like us today for us, what it looks like is we're providing, you know, people with behavioral health issues, you need to help them now. Like, you know, the window of opportunity to really... you know, that window of readiness, that motivation to change it opens and closes, right? And so, you have to catch it when it's open, which means we can't wait two months for your PCP appointment to get a referral to Aloha House. And that's why we work so much with the emergency department because people are going in there, they're not feeling well. They're going in there, and we can try and get them in, get them that physical, get them their prescription they need, like, right away. But having said that, what we're seeing with Medicaid now is, you know, the work requirements, so questions about previous work history being a barrier. We're seeing requirements for citizenship, proof of citizenship. So that's your birth certificate, your passport. We're seeing Hawai'i residency requirements, so your license. A lot of our...a lot of these folks don't have documentation. If they're not from...and, like, if they're from the continent, then they don't...then it can take months for us to be able to retrieve those documents. Our staff are very adept with Medicaid and the Med-QUEST office. We can get people that were formerly on Med-QUEST reenrolled if some of that...if those documents are already at Med-QUEST. But if they're not, then it can take three to four months to get people enrolled. So...so, that as a...that's just...we're just seeing a...a slowdown, right? We can't admit people right away if we can't get them enrolled in Med-QUEST. So Medicaid issues, I don't know if you guys remember, I think around January there was, like, this sudden I believe it was executive order, but it was...there was a block on...on SUD, Substance Use Disorder and Mental Health Block grants. It happened in the morning, and then by the end of day, it was rescinded, and we're like, whew, because the block grants fund the State Department of Health. And then the State Department of Health collects...you know, receives these big block grants, and they distribute it to the different Counties. So, I mean, we don't know what's going to happen. But, you know, that's...that's...that's a portion of our funding, you know, that maybe at a whim maybe may disappear. So we also know there's...there will be a future reduction in the ACA and marketplace subsidies and there are limits on State provider tax use. Which I don't know a lot about the fourth bullet but, so I'm going to move forward. So for us, what this means is fewer patients will be able to get on Med-QUEST, get enrolled, reenrolled, reduce Medicaid coverage. For our residential program that relies on from ADAD getting block grants maybe there will be funding constraints. And then in our outpatient programs there may be fewer people that are covered due to ACA subsidy cuts. So fewer people that have insurance, right. So...so we're looking at...I mean, with-- if Medicaid is, like, 85 percent of our funding source, with Government contracts including the County being about 15 percent then, you know, these are substantial concerns for us. And I would imagine all healthcare providers, especially those that serve the Med-QUEST population, that serve as (*audio interference*) safety net programs like ours are going to be impacted by The Big Beautiful Bill. So declines in Medicaid enrollment,

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shrinking block grants allocations, reduced ACA subsidies, and what we feel right now is increased financial pressure. And this is kind of national. But, you know, here in Hawai'i and definitely here on Maui I think we all know, like, it's-- we're living in a very high...high-stress time where, whether it's the grocery store or our cost of rent, our cost of housing, all of it is really expensive. And if you think your grocery bill went up, imagine, like, my...I mean, our campus, we're feeding, you know, 50 people every day, three times a day. So our costs have also gone up. And so, we...I mean, as an organization, we have our homework to do also. Insurance companies, I have a teacher background, and I have a social worker background, and I had no idea what it would...what it...what it would be like working with...insurance companies whose...you know, some of their staff members, you know, provider...you know, provider contacts for example, like their main job is to evade us, is to not write us back, is to not answer our phone calls, not return phone calls. We get so busy as nonprofits that we fail to keep tracking it, you know, or have a dedicated position. But that's...that's kind of what you got to do, right? So those...that's been some of the learning curve for me is understanding that this is...this is what it is, this is the game, right? And if you want them to pay, you have to really dedicate time, effort, and energy towards communication with insurance companies. So we're really trying to do that to get an increase on our rates, of reimbursements that are old. You know, we have old contracts with insurance companies, and we need to get them-- get those revised and we need to be better advocates for ourselves in that arena. Having said that, it's...you know, we still have The Big Beautiful Bill and...and all of the challenges that...that...that is implied with that. So anyway, this is about the conclusion of my...my power point. These are our challenges, unstable, less stable year-to-year funding, there can be reduced access to care because we're not...we're unable to get people onto Med-QUEST. Definitely operational strain on detox and inpatient centers, and there may be increased wait times and...which can...which increases the risk of relapse for people that we're trying to serve. So these are some of the...the risks and providers' challenges that we as providers are trying to keep our eyes open for and prepare for. And I thought today, since I had this opportunity to share with you guys a little bit about what we do, I thought it was a good opportunity for you to understand, like, as a health care provider dependent on Med-QUEST, we need to diversify, we need to do-- we need to have a lot of strategies. But also, like we need our County and State contracts to...to increase, right, to help us to meet the...the inflation of the last five years that we thought would go away but never...never did. Quite stubborn...quite stubborn inflation we're seeing on Maui, and it just made the work all the more challenging. I don't know if anybody has questions or how this works next. But thank you all.

CHAIR SINENCI: Mahalo, Ms. Hokoana for that presentation. Thank you. Before we go to Q and A, we'll take any testimony. I see Jasee coming down.

. . . BEGIN PUBLIC TESTIMONY FOR WASSP-1(17) . . .

MR. LAW: Aloha, Luna Ho'omalua Sinenci.

CHAIR SINENCI: Aloha.

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MR. LAW: 'O wau Jasee Law, Kula Uka Waiakoa Ahupua'a. Thank you for being here this morning at Ka 'Aha o ke Kalana. And...and the new guy down there. When I...when I saw this on the ka papa kumumana'o, the agenda, other than thinking this would be very relaxing and comfortable class because you the kahu, the teacher today, I just wanted...I want to...I had some things, like, in my personal life that I try to, like, relate it to this presentation, and I can see why they made Nicole the...the CEO of the company because that was very informative and...and it's a nice presentation. So the thing that popped up in my mind with this, she started saying about QUEST, and I think there's something called the coordinated entry system, so when anybody and...and, like, identification, and passports, and all this stuff. I was...my concern was that...that they're probably on the entry system, too, from when I was in the...the Salvation Army's care over there in Kahului. My concern is that they put you on a computer list, and then who's looking at the list. So, yeah, you guys know where we're going with that with this past week's events. And I'm wondering if personally if I could...so I'm sorry I missed the... when you guys built the new...the new housing up there 'cause I would like to have seen that. I guess nobody's really allowed to enter, go just walking around in there. So I've considered trying to approach the gate, take a trip up to north side of the mountain. But, you know, I was wondering if I... one, if I could use your address to get an ID card. Number two, if I could look on the computer and see what they got about me on in there. Thank you...thank you, Shane, and I save the rest of my time for the Hawaiian people.

CHAIR SINENCI: Mahalo, Jasee, for your testimony. Any questions for Jasee? Seeing none. Thank you. Are there any more testifiers?

MS. MCKINLEY: Chair, no one else has indicated a desire to...no one else has signed up. So, we'll proceed to last call. If anyone in the audience or on Teams would like to testify, please come up to the mic and begin your testimony. *(audio interference)* Or use the raise-your-hand function on Teams. I'll provide a brief countdown three...two...one. Seeing none. Chair, no one has indicated they wish to testify on this item.

CHAIR SINENCI: Thank you. Any objections to closing public testimony at this time, for this item?

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Thank you, Members.

. . . END PUBLIC TESTIMONY FOR WASSP-1(17) . . .

CHAIR SINENCI: Okay. Members, I would like to open the floor for questions and comments. Each Member will have three minutes for the first round and then three minutes for any additional rounds as needed. And we can go ahead and start with Committee Vice-Chair Johnson for your three minutes.

VICE-CHAIR JOHNSON: Okay. Thank you, Chair. Thank you, Ms. Hokoana, for joining us

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today. I just want to first say thank you for the work that you do. This kind of work is...is really important to our community, and I just can't thank you enough, which is why we try to fund you as much as we can. So I'm you...you...your presentation, it was really a wide...eye wide-opening for me to see that all the struggles you're dealing with, with the recent cuts to your funding. We do have some interesting grants out there. I'm...I'm curious if you've applied for the Farm to Family, it is the local nutritional security initiative where you can apply and to get funds from the County to pay for locally grown food to feed your...your guests. How's that, have you guys applied for that grant?

MS. HOKOANA: No. I actually I...I did not hear of it and something food related likely wouldn't be on our radar. So thank you for sharing about that --

VICE-CHAIR JOHNSON: Yeah.

MS. HOKOANA: -- funding opportunity.

VICE-CHAIR JOHNSON: Yeah. It was one of my priorities last year to help folks who are feeding people such as yourself, preschools, et cetera. And we hope, you know, this year the Department puts it in again for this upcoming budget. So there is funds out there, Ms. Hokoana, which I just wanted to bring that to your attention. You can email me, and we can try to give you some details later off the floor. But really, I want to move forward to that SUD block grants and that there was a chance they were getting cut. And you get that fund from the State? Can you explain how...is there a number attached to that? How much are you getting from the State Department of Health for that SUD block?

MS. HOKOANA: Yeah. We...we've...Aloha House, like so we have three agencies, right? But Aloha House has received about 500,000 a year for at least the last ten years.

VICE-CHAIR JOHNSON: Uh-huh.

MS. HOKOANA: That...that's...yeah. That yeah, that's --

VICE-CHAIR JOHNSON: So then we can't...

MS. HOKOANA: -- what we used for our continuum of care. So our continuum of care at Aloha House, it starts...so withdrawal management is often the entry point, and then we add residential, high intensity, clinically managed residential program, which is about a 45-day program, which is what we hope people, after being in our detox, will transition to.

VICE-CHAIR JOHNSON: Uh-huh.

MS. HOKOANA: From the residential program, we have an option for an extended care, also known as, like, day treatment. Its...it's a little more supervised than completely stepping down to intensive outpatient. And then from intensive outpatient, we have outpatient

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services. So these are levels of care. And from Aloha House residential, the stepdown into outpatient levels of care, we also have clean . . .*(timer sounds)*. . . and sober housing. So we try to get...get people to stay within our clean and sober housing. So that 500,000, it goes to pay for...primarily it pays for the housing on the back end.

VICE-CHAIR JOHNSON: So my time's up.

MS. HOKOANA: But we can use it...we can use it in...I mean, I don't know if I should finish explaining.

VICE-CHAIR JOHNSON: Go ahead.

MS. HOKOANA: But really quickly, we can use it anywhere in our continuum, but because we can charge insurance for the detox, for the residential, for the intensive outpatient, we try to charge...use insurance, Med-QUEST, charge insurance for those types of activities. And then we save our State funds, our State block grants for what insurance won't pay for. So insurance won't pay for transportation, care coordination, housing, and outpatient, which is like continuing care after you've kind of graduated from most programs and maybe you see a counselor once a month, and you go to class, like, three, you know, two hours a week or something. So --

VICE-CHAIR JOHNSON: Okay.

MS. HOKOANA: -- insurance won't cover that. So we try to use our State funds for what insurance won't pay for and insurance for what insurance does pay for. Hopefully, that makes sense.

VICE-CHAIR JOHNSON: Thank...thanks for the response. And I'll wait for second round, Chair. Thank you so much.

MS. HOKOANA: Okay.

CHAIR SINENCI: Okay. Mahalo, Vice-Chair. Sorry. I...I forgot to introduce Member U'u-Hodgins. She's been sitting patiently. Welcome.

COUNCILMEMBER U'U-HODGINS: No. Sorry, I came late and in between Ms. Hokoana's presentation. Hold on, I'm just trying to write down what she said last so I don't forget it. But hello. Good morning.

MS. HOKOANA: Good morning.

COUNCILMEMBER U'U-HODGINS: Good morning.

CHAIR SINENCI: Next, we'll go to Member Batangan, and then we'll just go down the...the line, Member Sugimura.

COUNCILMEMBER BATANGAN: Thank you, Chair. Thank you for being here.

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MS. HOKOANA: Thank you.

COUNCILMEMBER BATANGAN: Does Aloha House have any service contracts with the County, or do we only give grants?

MS. HOKOANA: I believe grants.

COUNCILMEMBER BATANGAN: Okay. So, it's not multi-year, it's single year.

MS. HOKOANA: Single year.

COUNCILMEMBER BATANGAN: And...

MS. HOKOANA: Well, I mean with the Department of Human Services it's usually three years, right.

COUNCILMEMBER BATANGAN: Oh, you do have multi-year grants through the Department? Okay.

MS. HOKOANA: Yeah. Human Concerns.

COUNCILMEMBER BATANGAN: Okay. And with those, is there no service increase over time? Like, how come your revenue has remained flat?

MS. HOKOANA: I mean, not typically. Typically, County grants, State grants, I mean, there's a lot of really valuable and good nonprofits out there, and there's only, you know, so much money you can give away. So I totally get that, you know. And so, mostly our grant funds kind of stay flat because that's how I'm guessing the, you know, the Department is able to meet the needs of various organizations. So it's hard to give increases. Sometimes we get a little, you know, a little bit of an increase. I don't know if there's extra monies, or, you know, so sometimes we do. But mostly, grant funding, continuous kind of grant funding like we get from the State or the County, mostly it stays about the same. And same can be said for the State for ADAD, right? Theirs...they're funding treatment programs in the State, so it's hard to, I guess, justify or have the additional funds, right?

COUNCILMEMBER BATANGAN: But if your operating costs are increasing --

MS. HOKOANA: Yes.

COUNCILMEMBER BATANGAN: -- but the grants from the County and the State are staying flat, then every year there's a bigger delta.

MS. HOKOANA: Yes. Yes.

COUNCILMEMBER BATANGAN: I guess that to me would be the justification for an increase

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if . . . *(inaudible)*. . .

MS. HOKOANA: Absolutely. I would love an increase.

COUNCILMEMBER BATANGAN: Okay. Thank you.

MS. HOKOANA: Yeah.

COUNCILMEMBER BATANGAN: That's all, Chair.

CHAIR SINENCI: Mahalo, Member Batangan. And Members we also have Acting Director Jessica Crouse, should you have any questions for her. I believe she's online. Member Sugimura.

COUNCILMEMBER SUGIMURA: Thank you. Thank you very much for being here.

MS. HOKOANA: Thank you.

COUNCILMEMBER SUGIMURA: And all the information. So Traci Fujita is still with you?

MS. HOKOANA: Yes.

COUNCILMEMBER SUGIMURA: Lucky you.

MS. HOKOANA: Yes. Yes.

COUNCILMEMBER SUGIMURA: She's good.

MS. HOKOANA: Yes, absolutely.

COUNCILMEMBER SUGIMURA: Yeah. And you said that wildfire impacted you. So what happened there, did you get more clients or what...what was it?

MS. HOKOANA: The wildfire contributed to the cost in care because so much money came in to community, people like counselors, licensed counselors, nursing, you know, registered nurses were being called out to...to serve in Lahaina, and they were paying above and beyond what we pay. So in order for us to kind of compete, and keep, and retain our staff, our licensed counseling staff, and our nurses, we had to increase their salaries and not...not what everybody else is paying. But it's just it...it's just costs went up. So our...you know, we had to become more competitive or else people were going to go work out in Lahaina.

COUNCILMEMBER SUGIMURA: Okay. . . . *(inaudible)*. . .

MS. HOKOANA: So that...yeah. So that contributed to our rise in costs. But also the food, and then just utilities and things like that of course --

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COUNCILMEMBER SUGIMURA: Everything.

MS. HOKOANA: -- goes up.

COUNCILMEMBER SUGIMURA: So you also said 85 percent you are Medicaid funded.

MS. HOKOANA: Uh-huh.

COUNCILMEMBER SUGIMURA: And so, with everything that we're seeing with the Federal government now, is that already impacting you? Or...

MS. HOKOANA: Well, it's impacting us 'cause Med-QUEST is getting more strict with requiring the proof of citizenship and proof of Hawaii residency. So the Med-QUEST office is starting to implement the changes.

COUNCILMEMBER SUGIMURA: Oh.

MS. HOKOANA: Those requirements.

COUNCILMEMBER SUGIMURA: Big Beautiful Bill or whatever --

MS. HOKOANA: Yeah.

COUNCILMEMBER SUGIMURA: . . .*(inaudible)*. . . -- kind of requirements.

MS. HOKOANA: And I think there's a work requirement as well. There...there's a work component of the Big Beautiful Bill. And I know that when we're... 'cause we also bring...we bring patients in from MCCC, and sometimes, when we're trying to admit those members that are coming out of jail into our facility, some of the Med-QUEST is, you know, putting up barriers and needing work, kind of like their work histories, and we're like, okay, but they were in prison so they don't have a work history right now. So we're just seeing some different kinds of barriers that are related to that that just delay people being able to get enrolled in Med-QUEST. And, in turn, that results in us not being able to serve them in a timely manner.

COUNCILMEMBER SUGIMURA: Did you apply for a GIA grant with the State?

MS. HOKOANA: We did.

COUNCILMEMBER SUGIMURA: You did.

MS. HOKOANA: Yes. So we did. For our detox specifically, we applied for a grant-in-aid . . .*(timer sounds)*. . . and it's because the, you know, the nursing costs, 24/7 nursing is expensive. So we're hopeful that we can, you know, advocate for increases to our contracts, also apply for some one-time funding like grant-in-aid, and then finally, you know, do more with insurance companies to get them to pay more and pay their fair share.

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COUNCILMEMBER SUGIMURA: That must be a universal problem.

MS. HOKOANA: Oh yeah. I'm sure.

COUNCILMEMBER SUGIMURA: Okay. Grants-in-aid will not be awarded until the end of the legislative session, so you gonna have to hang on for that.

MS. HOKOANA: Yeah.

COUNCILMEMBER SUGIMURA: But yeah, would love to advocate for you if you need. Thank you. Sorry, went over.

CHAIR SINENCI: No. Mahalo, Member Sugimura. And I just wanted to add that at NACo, our friend Irene from Minnesota she kind of mediated a...a discussion about Medicaid and SNAP benefits. So we did get the information, we'll post it on to today's meeting --

COUNCILMEMBER SUGIMURA: Thank you.

CHAIR SINENCI: -- on Granicus.

COUNCILMEMBER SUGIMURA: Thank you.

CHAIR SINENCI: Member Paltin.

COUNCILMEMBER PALTIN: Thank you, Chair. Thank you, Ms. Hokoana. I was wondering, when you were talking about people coming out of jail, they're coming out of jail addicted to substances?

MS. HOKOANA: Yeah.

COUNCILMEMBER PALTIN: Okay.

MS. HOKOANA: So yeah if they...I mean we have the Maui Drug Court contract.

COUNCILMEMBER PALTIN: Okay.

MS. HOKOANA: But then also there's pre all the...yeah. Like, there's pre-release if the reason you've been in jail is because, you know, substance related.

COUNCILMEMBER PALTIN: What substances are you seeing mainly that you're needing to detox from?

MS. HOKOANA: Uhm. Well, we see all of...we see all of it. But, I mean, we...meth. You know, meth is still the primary drug of choice, I would say. But meth is now often lined with fentanyl. And so, that's where meth can be...so people don't realize that they're...they...they may be ingesting fentanyl. They think they just took a hit of meth

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but fentanyl's being added. So there's a lot of poly substance use, and that's why we need the emergency department to do the tox screen so we can make sure that we have the appropriate medications to detox them safely because they may say...and they're also poor reporters, often, you know, what they've taken or what they've done. But the tox...the tox screen enables us to do it safely.

COUNCILMEMBER PALTIN: And then what is your success rate with early tracking?

MS. HOKOANA: Uhm, yeah. I mean our success rate is kind of typical. I would say that of the people that come into detox, which is not treatment, it's...it's an effort to safely detox and convince them to stay. We have about, I would say, low 70, high 60s percent of chance that they're going to come to residential. So a little bit more than half will say, okay I'll come to residential, I'll give it a try.

COUNCILMEMBER PALTIN: And then in terms of how many people that you could, in theory, treat in a year and the budget for that, do you have those numbers? Like if you were pumping out max capacity for the year and the budget that would take and then the shortfall in...in that for the delta.

MS. HOKOANA: Well, it's hard to...that's a really great question. It's hard to answer that because so much...I mean, our work is so complex, people need to...

COUNCILMEMBER PALTIN: It's not a standard formula.

MS. HOKOANA: Yeah. And people change their mind. We can do all the work to bring them in, we can detox them safely, they can agree, and then they leave.

COUNCILMEMBER PALTIN: I guess the average of the last three years what was your capacity or so like?

MS. HOKOANA: So, . . .*(timer sounds)*. . . our residential facility typically, between detox and residential, we serve about 400 individuals. And then...but...but --

COUNCILMEMBER PALTIN: . . .*(inaudible)*. . .

MS. HOKOANA: -- again, that's just the beginning, right, because residential, you know, you might detox three to five days, then you go into residential, right.

COUNCILMEMBER PALTIN: Yeah.

MS. HOKOANA: If all is going well you go into residential. Depending on your insurance you're in residential 30 days to maybe 45. If we can justify an extended stay, then we try to get you up to 60 days. And then after that you've stepped down to outpatient, more outpatient services. But, you know, like 45-60 days of sobriety is not that long, and then once you go to outpatient and you don't have the same 24/7 supervision, you know, we want you to enter clean and sober housing but, you know, you're not supervised after classes so, you know, it is a relapsing...it's a relapsing disease. So our

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participants require a lot of support over time.

COUNCILMEMBER PALTIN: I'll come around next time.

MS. HOKOANA: Okay.

COUNCILMEMBER PALTIN: But my question would be, like, do you have a dollar number that you're going to testify during the budget hearings?

CHAIR SINENCI: Okay.

MS. HOKOANA: Yeah. Well, I know my gap is about 500,000 right now. That's our gap.

CHAIR SINENCI: Okay. Next, we have Member Rawlins-Fernandez followed by Member Cook.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Aloha, Ms. Hokoana. Mahalo for your presentation and for answering our questions this morning. I guess I can follow up on that question with the 500,000 gap. Is that, like, all in programming, or are you able to provide us a little more detail on what consists of the 500,000?

MS. HOKOANA: Yeah. I would say it's payroll. It's the payroll, it's the cost of 24/7, a variety of different positions 24/7. Most importantly our nursing staff, that after the wildfires we did increase their pay to try and retain nurses 'cause it's...it's just so hard to find...it's hard to find the professionals we need to deliver this work. So...so, yeah. So, payroll.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo.

MS HOKOANA: Did that answer...

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes.

MS. HOKOANA: Okay.

COUNCILMEMBER RAWLINS-FERNANDEZ: And then other question I had was so in following up with Member Paltin's question about success, would you share with us, like, some of your criteria or measurements, matrix of how you determine, you know, your success rate?

MS. HOKOANA: Yeah. Success is hard to measure because every day that someone stays in recovery is a little mini success, right? And so, for us success is when someone decides to go from detox into treatment. Yay, that's the first step. Continued success means they'll transition from our residential program into an outpatient setting, stay in clean and sober housing, reintegrate into work, move out into community. We do have clean and sober housing available, that in community we have apartments where our classes are, but then we also have in community homes where they're really out of sight, you know, they can really get out of sight out of mind. We can house them for up to a year.

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Many people stay with us more than a year because it's just so...it's hard to find housing in community. You know, just there's lack of housing, right? So people end up staying with us longer than we can really afford to keep them, and then we need to also provide for the ones that are more acute and early in their recovery that may be transitioning from residential. So, I mean, success is every day and also success is at the end when someone is actually really graduating, truly, like, leaving Aloha House altogether, leaving our clean and sober housing for reintegration with family or, you know, maybe affordable, . . . *(timer sounds)*. . . you know, rent somewhere or, you know, independent of Aloha House.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo. Mahalo for mapping out, like, what individual success would look like for a participant. And then maybe in the next round, like, how you measure organizational success. Mahalo. Mahalo, Chair.

CHAIR SINENCI: Mahalo, Member Rawlins-Fernandez. Next, we have Member Cook followed by Member U'u-Hodgins.

COUNCILMEMBER COOK: Thank you for your presentation and for your, yeah, your passion, your passion and care. How big is the need? And just broad strokes to my questions is like how much...how much of a need do you feel that Aloha House currently is satisfying or meeting and how much of the...how many people are not receiving service. I know this is real estimating...estimating. I'm just trying to get a feel for that. And then how many people repeat? And that's kind of the foot I just want try to put it in perspective.

MS. HOKOANA: Yeah.

COUNCILMEMBER COOK: I really respect what you're doing and supportive.

MS. HOKOANA: Thank you. It's really hard to tease out the answers to those questions. I mean, nationally, and even on Maui, I think there is, like, set percentage of treatment beds that are needed and not nationally, not on Maui, not in the State are those treatment beds available. But part of the problem is not...is not just having adequate beds, it's...I mean, this is...this is the nature of our work. We're working with people with behavioral health conditions who change their minds, who have mental illness, who want to get sober, then say no I don't want to get sober anymore. It's a relapsing disease. So I feel like we have like the bed spaces are adequate, right, like because it's a relapsing disease, and people change their mind, and we may work really hard to get someone into treatment just to have them, two days later, say, oh no, never mind. You know, I'm good, I don't need treatment.

COUNCILMEMBER COOK: Thank you.

MS. HOKOANA: So it's really hard to tease out, like, how much is needed because we know more is needed. It would be great, but we need to match the...I mean. it's the readiness of the consumer, right? How many people are ready? And we...I have...I almost have...like, I always have 'ohana at Aloha House. Almost always I know people that are

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in treatment, and it takes a long time for them to be ready to get there.

COUNCILMEMBER COOK: So, thanks. You...so you answered as far as beds go.

MS. HOKOANA: Yeah. I...I feel like the beds --

COUNCILMEMBER COOK: . . .*(inaudible)*. . .

MS. HOKOANA: -- are adequate. It's, you know, the readiness of our...the readiness of the community, which is always a struggle, and...and the fact that you need to have these services available when they are ready. So that makes fee for service...you know, when you can only get paid when you have a consumer in front of you or sleeping in your bed, right, like, there's cost of care that are unreimbursed, you know, because sometimes there aren't any...there isn't someone taking that bed, or they changed their mind. And so, it makes it makes for difficulty with the fee-for-service contracts that we have.

COUNCILMEMBER COOK: Okay. How many...what percentage...or is it often that you have numbers from the unhoused community?

MS. HOKOANA: Yes. I mean, we're serving about...50 percent of . . .*(timer sounds)*. . . people that come into Aloha House are unhoused. And so, one of the benefits of a contract that Councilmember Gabe Johnson really helped us with, we call it enhanced care. What we've really been trying to do is get people document-ready when they are...when they are at our residential program, get them document-ready because it helps them down the line. Even when they get to clean and sober living, they're able to get...get a job. If you don't have your license, you can't get a job. So it kind of, you know, it all scaffolds.

COUNCILMEMBER COOK: Yeah. Thanks. My time's up.

MS. HOKOANA: Sorry.

COUNCILMEMBER COOK: I'm...I think I'm super supportive of that also. That is a key, if they don't...if they can't get their identity back, and they can't get back on track --

MS. HOKOANA: Yes.

COUNCILMEMBER COOK: -- then it's hard. Thank you, Chair.

CHAIR SINENCI: Mahalo, Member Cook. Next, we have Member U'u-Hodgins followed by Chair Lee.

COUNCILMEMBER U'U-HODGINS: Thank you. I was going to ask about the gap in funding, so I'm glad you already answered that. But if I can ask not necessarily just about Aloha House but, you know, some of the issues we have just in the community. How do you think we can better prepare people to be able to receive treatment? And their families?

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MS. HOKOANA: That's a really hard question.

COUNCILMEMBER U'U-HODGINS: I mean, there are...there are a lot of things, I think, as a community, as government, we can throw money at that solves problems, but I don't know if this is one of them all the time. Granted, the money is going to for sure help, but you don't have to answer that now if it is too much. And then my other question was, you know, of course, we're happy to support Aloha House. What else do you think we could support before people go to Aloha House that can help aid in their sobriety? If you have any thoughts about that.

MS. HOKOANA: Okay. So the first question is really a hard question to answer because I think it doesn't have anything to do with treatment. I think it has to do with prevention.

COUNCILMEMBER U'U-HODGINS: Okay.

MS. HOKOANA: And...and our keiki, and our families that are stressed and can't afford this and that and want to give the best lives to their kids but can't...don't have the means to do so.

COUNCILMEMBER U'U-HODGINS: Uh-huh.

MS. HOKOANA: I feel like that's-- it's really important to get on the prevention side.

COUNCILMEMBER U'U-HODGINS: Uh-huh.

MS. HOKOANA: The...the answer is never...never needing treatment, honestly.

COUNCILMEMBER U'U-HODGINS: Yeah. For sure.

MS. HOKOANA: All right. Healthy families, that's the --

COUNCILMEMBER U'U-HODGINS: Yeah.

MS. HOKOANA: -- answer. If we can strengthen families and make lives easier for them here on Maui, then we're not going to see...we're not going to see young adults and adults in treatment, right? So the people we see in treatment are often...often have lived lives of trauma.

COUNCILMEMBER U'U-HODGINS: Uh-huh.

MS. HOKOANA: They've experienced trauma, they've experienced...they've been in foster care, they've had parents that, you know, have used. And...and I'm very fortunate because I also oversee Maui Youth and Family Services --

COUNCILMEMBER U'U-HODGINS: Uh-huh.

MS. HOKOANA: -- and we've done almost 50 years old as well. We've done foster care, we've

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worked in keiki mental health for many, many years, and I have the great privilege of overseeing a safe house for girls ages 12 to 17 --

COUNCILMEMBER U‘U-HODGINS: Yeah.

MS. HOKOANA: -- off Baldwin Avenue. And programs like that, I mean, it changes lives, it changes trajectory. Because kids are removed from --

COUNCILMEMBER U‘U-HODGINS: Unsafe.

MS. HOKOANA: -- unsafe environment, and they can stabilize and start to think about a future. And but again, like, these are kids in foster care but not all...not all...it's a small portion of kids right that are in foster care. But, I mean, I think helping everyday families. It's the everyday families which are the bulk of . . . *(timer sounds)*. . . the families, right, the everyday families that are struggling. I would love to throw money at that.

COUNCILMEMBER U‘U-HODGINS: Exactly.

MS. HOKOANA: Childcare.

COUNCILMEMBER U‘U-HODGINS: Uh-huh.

MS. HOKOANA: Yeah. Housing.

COUNCILMEMBER U‘U-HODGINS: Thank you. I appreciate that. Thank you for that answer.

CHAIR SINENCI: Mahalo, Member U‘u-Hodgins. Next, Chair Lee for your opportunity.

COUNCILMEMBER LEE: Thank you, Chair. Good morning, Ms. Hokoana.

MS. HOKOANA: Good morning.

COUNCILMEMBER LEE: Thank you for your work, I know exactly what you go through. I was wondering how many...if you break down the men...men and women, how many men do you help and how many women do you help?

MS. HOKOANA: Well, because Malama Family Recovery Center is for women, we...Aloha House has...has a greater ratio of male to female 'cause we have Malama for women, and we believe that gender specific treatment is what's most appropriate and best for women. So at our Aloha House Campus, I would say it's...a fourth is women and three-fourths are men. And then we try to get them into Malama.

COUNCILMEMBER LEE: Okay. How many of your clients actually work, have income from a...a job?

MS. HOKOANA: That's a good question that I'm not prepared to answer. I mean, coming into Aloha House, I would say zero, no one has employment. Right?

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COUNCILMEMBER LEE: Okay.

MS. HOKOANA: They're...they're getting enrolled or reenrolled in Med-QUEST, we're trying to get them through treatment. Once --

COUNCILMEMBER LEE: Okay. Thank you. Thanks.

MS. HOKOANA: -- they get through outpatient, we try to get them into work.

COUNCILMEMBER LEE: Okay. My time is very limited, so I have to move on to the next one. As you know --

MS. HOKOANA: Sure.

COUNCILMEMBER LEE: -- we're pretty much in closely related fields. Ours...our nonprofit is more a housing and not wrap-around services. But we find that there's a high rate of recidivism for couple of reasons. One, a severe lack of self-esteem is a huge issue, more...more than the addiction itself. And the other thing is a lack of ability to compete in the marketplace. So do you have an outlet where, whether it's with the school, DOE, or the college, where they're...you can direct people to be trained for an occupation?

MS. HOKOANA: I would say, yes. Once consumers are in our clean and sober, we're trying to find out whether they need some upskilling, whether school is an option for them. Some of them go back to school, some of them prefer to get back into work. To speak to your comment on self-esteem, I would say absolutely. Like, the...the broken spirit is the reason people turn to addiction.

COUNCILMEMBER LEE: Exactly. That's what we're experienced as well. So we're going to be focusing more on that end. But I...I do sympathize with you trying to...because you're dealing with everyday costs. . . .*(timer sounds)*. . .

MS. HOKOANA: Uh-huh.

COUNCILMEMBER LEE: And as...as you can see, our...our Council is very supportive of your program so the more specific you can be the better in terms of how much and for what you need it. Thank you.

MS. HOKOANA: Thank you.

CHAIR SINENCI: Mahalo, Chair Lee. I just had a couple follow-up. At the beginning, you mentioned that before they can receive treatment they have to go to the detox program.

MS. HOKOANA: Uh-hm.

CHAIR SINENCI: And in that detox program you have nurses and physicians that can prescribe medications. But we understand that there's more advanced medications now

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that can help some of the...the...that they've been on whatever drugs they...but are those drugs more expensive? Like, I...I think is it Syloxin (*phonetic*)?

MS. HOKOANA: Suboxone.

CHAIR SINENCI: Or some of these other ones that can...that really help cure or help them get them stable enough so that they can go through treatment.

MS. HOKOANA: Right. So, I think you mean Suboxone?

CHAIR SINENCI: Suboxone.

MS. HOKOANA: And Methadone are...you know, can be prescribed, and what it does is it provides a small amount of a stimulant that's similar to the opioid so that it reduces cravings and urges and allows them to settle into day-to-day life. And so, some folks actually remain on Suboxone or these kinds of prescriptions for many years because without it they get these urges that are really, really difficult to have self-control again. So yeah, at Aloha House we're able to connect them with a psychiatrist or APRN, prescribing APRN, that can, if they have a opioid addiction they can get started on Suboxone while they are at Aloha House. And...

CHAIR SINENCI: And only the psychiatrist prescribe these?

MS. HOKOANA: Yeah.

CHAIR SINENCI: A certain amount of these prescriptions?

MS. HOKOANA: Yes. You need a prescriber or someone that's comfortable with psychiatric medication.

CHAIR SINENCI: Do we have enough on island?

MS. HOKOANA: I wouldn't say we have enough, no. No.

CHAIR SINENCI: But we have...

MS. HOKOANA: We don't have enough medical providers.

CHAIR SINENCI: But we have access to those...

MS. HOKOANA: But we do have access to prescribing physicians or the APRN-Rx that can prescribe Suboxone, which can make all the...it makes all the difference in whether someone with an opiate addiction stays in treatment or leaves because the urges are just so strong.

CHAIR SINENCI: Are these medications covered?

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MS. HOKOANA: They're covered by insurance, but if the individual does not have insurance, I would say for a month of...I mean, it might depend on the insurance coverage, but I want to say it could be up to like \$800 for a month of Suboxone. So, it's not affordable. And so, we need...we need that Med-QUEST coverage for prescriptions, detox prescriptions.

CHAIR SINENCI: Okay.

MS. HOKOANA: Detox and then, yeah, the medication-assisted treatment.

CHAIR SINENCI: Okay. Thank you for that. Members, any need for a second round by a show of hands. I know some of you had...Member Sugimura and then Vice-Chair Johnson, and Member Rawlins-Fernandez.

COUNCILMEMBER SUGIMURA: Okay. Thank you. Just one quick question. Veterans, so is there a special coverage for veterans?

MS. HOKOANA: Veterans TRICARE is...TRICARE is the coverage for veterans. Yeah. So it's a little bit different, and we are we do...we are working with veterans through Tricare. But we're also trying to see if we can, I don't know, get a, you know, a special contract in place or something rather than fee for service. But yeah, TRICARE is the insurance coverage for veterans.

COUNCILMEMBER SUGIMURA: From the Federal government?

MS. HOKOANA: From the Federal government, yeah.

COUNCILMEMBER SUGIMURA: Thank you. Thank you, Chair.

CHAIR SINENCI: Vice-Chair Johnson followed by Member Rawlins-Fernandez and then Member Paltin.

VICE-CHAIR JOHNSON: Thank you, Chair. That 500,000 ask was important, thank you for bringing that to the floor. Have you spoken with the Department of Human Concerns on the increased cost that you guys are dealing with. And if so, have they mentioned...what did they say?

MS. HOKOANA: In fairness, I have not. No.

VICE-CHAIR JOHNSON: Okay. All right. You know, I know that you do other things beside Aloha House, you mentioned the foster family. You know, you're involved in a lot, let's just say that. So that 500,000 is only going to Aloha House? How about the other programs that you're working on, do they need more funding as well?

MS. HOKOANA: I would say...I mean, the other programs have different sources of funding, and I would say Aloha House, the...the delta that Councilmember Batangan mentioned is widening, right?

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VICE-CHAIR JOHNSON: Okay.

MS. HOKOANA: And because there's medical services and the RN cost, it...it's substantially more than, you know, the delta in other programs, which, you know, we do pull in unrestricted funding, we do fund raising, we do, you know, to get those smaller costs when there is a delta, to get those costs covered. But, you know, with our detox, our residential program it's just so costly and it's a little bit different, so there's --

VICE-CHAIR JOHNSON: Okay.

MS. HOKOANA: -- more of a sense of urgency there for me than our other programs.

VICE-CHAIR JOHNSON: Okay. Thank you. You know, the last thing I want to ask, real quick. You mentioned in the beginning in how when someone goes to the emergency room, then you grab them, but it was...you said they have to have an acute medical condition to stay there, kind of explanation to me. I'm just trying to understand that they...does the hospital not think addiction is an acute medical condition? I mean, you could die from detoxing, right? I mean, I don't understand why they'd say oh, well, we can't this, you're not in our purview of ER. I don't think that makes any sense.

MS. HOKOANA: Yeah. So if you have an existing medical condition that...so for example a level of liver damage or you...you have diabetes, and it's out of control, and you need to be stabilized, you know, those are the kinds of...or hypertension or, you know, heart disease that, you know, in addition to that, your...you have a alcohol use disorder or you have substance abuse disorder, the hospital...if you're in...the hospital has to treat it...if those are severe medical condition then they cannot turn you away, right, they're going to treat those medical conditions...

VICE-CHAIR JOHNSON: Okay. Just alcohol...just alcohol?

MS. HOKOANA: But if it's just alcohol, if you're coming into the ED and you have alcohol in your system what we use is what's called a CIWA score and depending on that CIWA score if its...if you need to be...what do you call when they give you the liquids, IV.

VICE-CHAIR JOHNSON: Okay.

MS. HOKOANA: If you need IV, if you need your stomach pumped or something, they're going to have to do that for you. But once you're medically stable, that you don't need IV, maybe you still don't feel well, maybe you're vomiting but not life or death. So we at Aloha House will take a CIWA score of 19 and below, 20 and above you need to stay in the hospital. But, for example, in Hilo, at the Hilo Medical, they will inpatient a...a score of 12 and above. So we are...we feel...I think, because we've doing this work for so long, we're very confident --

VICE-CHAIR JOHNSON: Okay.

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MS. HOKOANA: -- in what we're able to do. But other...other detox providers, I think... like I said, the level of medical detox that we provide is really unusual in the State.

VICE-CHAIR JOHNSON: Okay. Thanks for that clarification. Thank you. Thank you, Chair.

CHAIR SINENCI: Mahalo, Vice-Chair. Next, we have Member Rawlins-Fernandez followed by Member Paltin.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Okay. Just a follow-up on the...I don't know, how you measure success for the organization?

MS. HOKOANA: For our organization? Okay. If I have my...my...I mean, honestly, like in this day and age, like, success means, like, you're able to pay your bills and that's probably, like, what's heaviest on my mind. These days, especially in working with my board, success is being able to pay our bills and keep these services in community. When you're working in behavioral health, it's...it's hard to measure success, I think, by people that complete treatment partially because, like, they're stepping down. Like, every...like I said, every...every step they take in the right direction is a step to celebrate. But they may complete...like, let's say that I want to say 75 percent of our consumers complete residential treatment, right. But residential treatment has 24/7 monitoring, and we're really isolated, and you're not getting out into community, you're not around your friends and your family, you don't have the same temptations as you do once you get out into the outpatient. So then they go to outpatient, right, and all...if we can keep them in clean and sober, then we do. But still, right, you have all that...you have more free time. I...and we know what happens with idleness. So, you know, it's...I...I don't know the, you know, how at...I mean, our clean and sober, I don't have the data off hand of how many people are able to, you know, actually stay within our program for a year, really complete Aloha House and move on to reintegrating in community. I don't have that offhand, but that...for Aloha House that would be the... you know, that would be the symbol of success, right?

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Mahalo for that response. Mahalo, Chair.

CHAIR SINENCI: Member Paltin.

COUNCILMEMBER PALTIN: Thank you, Chair. I know you said, like, you know, meth and fentanyl is definitely a frequent flyers. Have you folks been able to get any of the money from the opioid settlement because it's...because it's not allowed?

MS. HOKOANA: No. It is allowed, we're a treatment center. So it's allowed and I definitely have asked for money. I asked them for 500,000, and I haven't heard back. But --

COUNCILMEMBER PALTIN: You need us to talk to Prosecutor Martin for you?

MS. HOKOANA: -- the money...the money is sheltered with ADAD --

COUNCILMEMBER PALTIN: Oh.

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MS. HOKOANA: -- you know, the Alcohol and Drug Abuse Division. So it's funded a couple of their positions, and they have, you know, an opioid department, or I don't know what it's called. And so, they are funding at least a pilot that is starting here in Maui County that is also involved with the ED in trying to get people with opioid use disorder to—who are not interested in coming to Aloha House, they don't want to get into care—to try and connect them with telehealth to get them on some kind of medication-assisted treatment.

COUNCILMEMBER PALTIN: Because the last time we accepted opioid settlement money was under the Prosecuting Attorney's Department, like 800 or something thousand, a lot of it they said were going into the Narcans.

MS. HOKOANA: Yeah.

COUNCILMEMBER PALTIN: Do you feel that it should be more split to a treatment center, or is the Narcan a good use of opioid settlement money, and do you think the police are doing enough to stop the flow of meth and fentanyl?

MS. HOKOANA: Well, I can't speak to what police do, that's for sure. I think it's important to have Narcan. When people are leaving us, we give them Narcan because it's lifesaving. Having said that, it would be really great and I have spoken to Andy Martin about wanting opioid settlement funding. So I think...I think absolutely treatment centers should be included in the...the recipients of settlement funds. Especially, I mean, I think now is just...I mean, my presentation was stark, but that's because I feel that that's where we're at, right, where there's a lot happening Federally. That could...I mean, there's changes every single day, right, and...

COUNCILMEMBER PALTIN: How come they're giving it to alcohol if opioid is different than alcohol, in the money for...

MS. HOKOANA: What do you mean alcohol?

COUNCILMEMBER PALTIN: I thought you said some alcohol treatment positions were funded with the...

MS. HOKOANA: Oh. That's the Alcohol and Drug Abuse Division. So the settlement fund is...is with ADAD. So ADAD is section of the Department of Health, and then ADAD holds the funding and is able to decide how to spend it. . . .*(timer sounds)*. . . So they funded some positions, they're doing research, there's a pilot where they're trying to do some telehealth with...offer telehealth to the emergency departments to get, you know, users of, you know, addiction, opioid...people addicted to opioids to agree to telehealth medication so that they don't overdose. And it's something that has been done nationally. I think that has, you know, some, you know, maybe they're piloting it because they think it can be helpful here. But I don't think it's gone to any treatment centers, and I do think it would be great if they did give us some of that opioid settlement fund. So I have asked for it.

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COUNCILMEMBER PALTIN: Did Prosecutor Martin say why not?

MS. HOKOANA: He said he would talk to ADAD and...and put in a good word for us.

COUNCILMEMBER PALTIN: But that's money that the State holds. I think we accepted like 800,000 on behalf of the County to him.

MS. HOKOANA: Yeah. I don't know the timing. So probably I made an appeal for opioid settlement funds directly to the State and then followed up with...with Martin, Andy Martin, this year, so in 2026. So I'm not sure, like, when the timing on receiving funding and all of that.

COUNCILMEMBER PALTIN: Chair, is it okay to ask Corp. Counsel like when we accept or authorize acceptance of the 800,000 of opioid settlement money, is it possible to condition it to a treatment center, portions of it? Or we just have to accept the money?

CHAIR SINENCI: We can send correspondence from the Committee.

COUNCILMEMBER PALTIN: Because, I mean, if we're accepting 800 something thousand, maybe 400 something can go to treatment centers and the other 400 can go to Narcans or something.

CHAIR SINENCI: If Andy is having some kind of grant program for the money. I'm...I'm not sure. We can find out. Yeah.

COUNCILMEMBER PALTIN: Thank you.

CHAIR SINENCI: Thank you, Member Paltin. I see any...I just had one question for Acting Director Crouse if she's online. Director Crouse...oh, thanks for joining us this morning. I was just wondering, you know, as far as payroll, when it comes to the County or the Departments giving out funding for payroll, is that something that the Department does, or we would have to follow certain guidelines?

MS. CROUSE: Thank you, Chair Sinenci, for asking that question. The Department does fund salary items for a majority of nonprofits that we issue grants to. So it is something we're used to seeing and can accommodate.

CHAIR SINENCI: Okay. Thank you for that answer. Thank you for joining us. Members, any other questions for Acting Director while she's up? Thank you. Okay. Members, we have a second item, but we did want to mahalo Ms. Hokoana for being here answering, very diligent, all of our questions. Mahalo for that. And with that, Members, if there's no objections I'll defer this item.

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COUNCILMEMBERS VOICED NO OBJECTIONS. (excused: AL).

ACTION: DEFER pending further discussion.

CHAIR SINENCI: Thank you. Oh, we have one more?

COUNCILMEMBER PALTIN: No. I just was...never mind. I see that it was uploaded to Granicus. Never mind.

CHAIR SINENCI: Okay. Thank you. Thank you for joining us.

**ITEM 1(18): OPERATIONAL AND BUDGETARY REVIEW OF THE EAST
MAUI WATER AUTHORITY**

CHAIR SINENCI: Okay, Members, our second item is the Operational and Budgetary Review of the East Maui Water Authority. Today, we have Director Young with us to provide a presentation on the Authority's operational and budgetary review of the Fiscal Year 2026 Budget. And at last week's BFED meeting, we talked about some of the smaller Departments not having to come to the Chambers. So this would be your opportunity, if you had any questions for Director Young. Okay. Yeah. Do we have her presentation? Morning. Welcome. Welcome, Director Young, you have the floor, and you can introduce your staff.

MS. YOUNG: Oh, good. Okay. There we go. Okay. Thank you for the opportunity to present to you today, I really appreciate it. Staff is handing out our most recent...oh, I see you've got it, the most recent newsletter. We're going to be doing that quarterly. Today, I'm going to give you a presentation just on our budget, and then we can go into questions afterwards. Oh, and I want to introduce...I brought with me our Grant Coordinator, Leslie Tamaribuchi, so she can answer questions about that. She's also been very useful with our strategic planning, and I'm going to talk a little bit about our activity mapping that we've done. You can go to the next slide. So Fiscal Year 2026 is our first year of full operations, so we're still creating the Department. We're building capacity, and we really wanted to make sure that we had a strong foundation as we move forward. We're creating positions and hiring employees, and I can't emphasize enough how much work that is. And I know that you talked to Department of Personnel Services, they're extremely helpful, but it's a long process. One of my recent positions was 41 steps in Workday, and the other one was 68 steps. They're helpful. It's a process that's already in place, they provide a lot of guidance, it just takes a lot of time and effort to do that. We've been very intentional about going out to the community and learning from them, not just giving them information. But they're the ones that live in the area. We had 12 meetings, nine of them were part of our community conversation series. We had two field trips as a part of that. We're...all of that leads into our strategic and operational planning, and then we've been...and Leslie has been developing an incoming and outgoing grant program. So now I'll kind of dive into more of the numbers with the next

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slide. We're still the smallest and the newest Department, \$1.2 million, not a whole lot of money. But once you have staff, there's a lot of work that can be done with staff. I'll go through our A, B, and our C accounts in more detail too. So you can go to the next slide. Our salaries and wages, we have nine employees. You can kind of see with the other newer Departments where we're at. We're...we're expanding just the way that they expanded. To build capacity, you got to go at a rate that you can handle, to make sure you're really mentoring, and training, and bringing up your new employees. So the next slide. We have eight staff positions but nine employees because two are half time. Here's just a list of everybody that we have. Everybody's on board, and we are in recruitment for a water resource specialist. If you look at the back of the newsletter, we've been doing a lot of recruitment to make sure that we...we get somebody for that. And then last year, during Council deliberations, we have field supervisor positions that were given for a couple months funding so we're working with Department of Personnel Services on developing those positions. The next slide. I want to show you just a timeline of our staffing, how we're growing. Last summer it was really between June and September that we were able to bring on three people and train them as well. I just brought on a Planner II, who actually was out of college a year or two ago and wrote her senior honor thesis on East Maui Water, so felt very lucky to be able to bring her on board. Next...we hope in the next month or two to bring on the...the Water Resource Program Specialist. And then this is the organizational chart. Probably the most interesting thing about is it shows nine direct reports. I spend a lot of time with each of my employees, I meet with Leslie twice a week, I meet with everybody else at least once a week. It does take a lot of time organizationally with...with running the Department, the administrative work on it. I'm hoping as time goes on that I can...normally, you have five to seven direct reports. I want to make sure I'm the one that's really training everybody. We can go on to the next. And then I want to talk about...we've been doing what's called activity mapping and it's identifying all the things we're doing and all the things we're supposed to be doing. What you don't see...and you're not really meant to read all the details. But it shows you what...what they are, who's responsible, who's accountable, and what the timeline is. But for budget purposes, the most important thing is it identifies your gaps and your budget inefficiencies, and we did this work as we were planning for, you know our-- for growing. And where these budget inefficiencies show up in terms of my budget is they show up...I don't have a lot of overtime, so they show up in CTO. They show up with staff just dedicating themselves. I want to make sure they don't get burned out, and it does show up in professional services where I can do that, I think that's a very inefficient way to provide services to a Department or employees when you're going it 'cause of lack of employee capacity. The communications and community engagement work also includes that the policy work, the administrative work—which is the board management duties and administrative duties—a lot of those are done by the private secretary because we don't have a deputy director, we don't have an administrative officer, and that really does lead to kind of overload in those areas. Next slide. I'm going to go over operations in the B account, but I think you're probably most only interested in the professional services and the grant program, I mean, I'm happy to talk about our small equipment, it's getting our conference room up to speed, things like that. We can go on to the next slide from there. And I'll dive into professional services. My biggest part of my budget, really, outside employees, is my ...(indiscernible)... for strategic planning.

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And right now, in contracting, I do have a needs assessment and operational plan that's going forward. We've done a lot of the base work with the community engagement. I did that through some pro bono assistance. I got very lucky that a nonprofit came to us and offered us help and was able to do that. And I used some professional services to do...to come do the reporting, I didn't even have employees when I did my first communication series with the community. Some of them had just come on that week. And we're also hoping to continue with the strategic planning, but I really wanted it to be a practical application of how does that go down into your actual operational funding based on an assessment of...of what are your duties and what should you be doing. Okay. Next slide. I also have watershed planning money which is a very broad activity. Right now, we're in the beginning of setting up our watershed programs, so I have been doing the stakeholder engagement. The second series was really based on what do you want to see in the area, what is already being done. We're do...we have a monthly stakeholder meeting that we facilitate that's along with the DLNR and a bunch of other State agencies. We're researching what are different types of watershed planning. I've learned they can be everywhere if we just program-related all the way up to getting how you get millions of dollars of EPA money and what needs to go to those plans. And then we had done a Kumu Pono report, which is a historical documentation of activities in the area—place, names, things like that. A lot of it was done through interviews. And if I have any money left over, I would like to update some of that for more recent work in the area. Next slide. Equipment, really boring, I know we've had...Councilmember Batangan has come to the office, but we're almost up and running. We have most of our workstations. My office, I'm borrowing a desk that should be coming at some point. I have a fold-up table that's working, so I didn't take a picture of that. But we are continuing to get the office comfortable for employees. Thank you. And then we're working on our grants program. It's incoming and outgoing. And the incoming grants program is really exciting because it's a newer thing that the County has been doing. So we were very lucky, Leslie was able to secure funding through Hawai'i Community Foundation to begin our work on watershed planning. And then the work I did with, or have, I'm still doing with the public finance initiative with a lot of pro bono technical, but then they awarded us a position in their rural...small cities and rural program. And what that is all about is working with Robert Wood Johnson Foundation. And I don't know if you folks are familiar with them. They are traditionally a health foundation. I worked with them twenty years ago. But they are \$1.6 billion of endowment, and they are trying out a new program. They've come to realize that health is also related to water, and it's related to equity, and rural communities often don't have...it's not a level playing field. They are...they have a what's called a credit enhancement program where they will help people out for funding and provide kind of a loan guarantee. I've been working with our bond advisor to see if this is something that would work. But I'm really interested in their impact investing program which is direct grants. And at our last meeting two weeks ago—when I pitched kind of who we are to them—they were very interested in having us work with them on more the impact investing program which was very excited about. Next slide. Going next to our outgoing program, Leslie did a great job of...of setting up this program. We were able to award our \$75,000 to five grantees. These are all people that are in our licensed area. We allowed applications to everybody but we gave preference to these areas. It's really about what's happening already with stewardship in the community. Next. These were the program grant areas

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that we set up ahead of time for community members to look at. I won't read them all. You can see them right there. It's kind of a wide variety of...of work that's currently being done. And there's a lot...when we went out for community engagement there was a lot of talk about passing the knowledge down, transferring it to newer generations too. So we wanted to make sure...we were very fortunate to have somebody that was able to do that. You want to do the next slide. This is who the grantees are. You can also see it in the newsletter we do a writeup on them. And we were very lucky that we were able to cover almost each area that we were looking for in there. And then we can go into the next slide. And that's "Questions?" and Leslie's here if you have any questions about the grant program, she can answer in more detail. Thank you.

CHAIR SINENCI: Okay. Thank you, Director Young. Members, any objections to designating Leslie as a resource under 18(A) of the Rules of the Council because of her grant expertise?

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Thank you, Members. Thank you. Staff, do we have anyone regarding testimony? Okay. Wait real quick. I forgot to read the...I'll do it really quickly. Public testimony in accordance with the Sunshine Law testimony can occur at the beginning of the meeting but cannot be limited to the start of the meeting. Chair will receive oral testimony for agenda items at the beginning of the meeting unless the item is called up on the agenda. Testifiers wanting to provide video or audio should sign up the Chamber, join the online meeting via the Teams link or call into the phone number noted on today's agenda. For individuals wishing to testify via Teams, please raise your hand by clicking on the raise-your-hand button. Those calling in, please follow the prompts on your phone, star-5 to lower your hand, star-6 to mute and unmute. Staff will add names to the testifier's list in the order the testifiers sign up, or raise their hands in. For those on Teams, Staff will lower your hand once your name is added. Staff will then enable your microphone and video and call the name you're logged in under or the last four digits of your phone number when it's time to testify. Written testimony is always encouraged. Oral testimony is limited to three minutes per item. Please ensure your name appears on Microsoft Teams. Once you're done testifying or if you do not wish to testify, you can view the meeting on *Akakū* Channel 53, Facebook Live, or mauicounty.us/agendas. Again, mahalo for your cooperation and please call the first testifier.

MS. MCKINLEY: Chair, no one is signed up to testify but it looks like we may have someone in the Chamber that would like to testify.

CHAIR SINENCI: Mr. Law.

. . . BEGIN PUBLIC TESTIMONY FOR WASSP-1(18) . . .

MR. LAW: Aloha kākou. Aloha *Akakū*. I'm hoping we'll get some more testifiers out 'cause the wai is very important, especially in East Maui over there on the interior side of Haleakalā. They call it Upcountry Kula. As...as Councilmember Sugimura knows it's

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we don't really...sometimes we have a problem with water, but people don't realize how serious the problem is until something happens to the very few waterlines that we have up in there. And I appreciate your limahana, your staff putting all that stuff in there about all the rules and regulations 'cause gave me time to reset on what Akua was telling me that's part of my testimony for to share with you guys was even yesterday, whenever I see the water buffalo tanks out there, when it brings our community kind of together. Unless you can pay someone to go get your water for you, you actually meet the neighbors there. So that reminds me of the scripture yesterday at church was the when Jesus met the Samaritan woman at the...at the well, and he told her hey, can you get me...and he said get me some water, he didn't say I like can you give me some water, he said get me some water and then I think everybody knows that story about, you know that story, Mr. Chair? Yeah. Okay. Thanks. I just wanted to say thank you for Director Young and all her staff members because I...I feel like it's that I can trust her to not taking any brown bags full of money for watching over our wai over there in East Maui.

CHAIR SINENCI: Mahalo, Mr. Law. Any questions? Seeing none. Okay.

MS. MCKINLEY: Chair.

CHAIR SINENCI: One more testifier?

MS. MCKINLEY: We do have one more testifier on Teams, the Royal House of Hawai'i.

CHAIR SINENCI: Aloha and good morning.

TESTIFIER 1: Aloha. I'm from the House of Hawai'i, I'm a defendant of East Maui, and I'm testifying to...

CHAIR SINENCI: Wait. Kala mai. You're coming in little bit soft, if you can move closer to the mic.

TESTIFIER 1: Okay. Can hear now?

CHAIR SINENCI: And then maybe project it little bit. Okay. Mahalo.

TESTIFIER 1: Okay. Sorry. This is the Royal House of Hawai'i, and I'm a descendant and a allodial land tenant and allodial land holder, and a descendant of East Maui too...what is that called, I'm just wondering if there will be someone that's going to be researching, like, all the lands that they're going to be working on. For example, like even with all the water systems, like those are off-rotted (*phonetic*) and if the person will be looking into all the set...all the lands of East Maui, because it's all...all of Hawai'i is allodial titled royal patented by the Kingdom and Royal Government of Hawai'i and it's allodial title. So it belongs to the original title holders, but there are, I don't know, or, I mean, we do know but there possibly could be frauded documents out there and with the wrong information. And if the person will be, like, looking into all this, the original royal patents, land commission awards of those areas because only Kanaka could actually have royal patent. There's no...there's...like, it's nothing wrong. Like, please, I don't

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know. I hope people do not take offense to this. I don't know why people do, that's weird. But by law...it states in law that only the Kanaka could be using these lands and have the rights to these lands and...and yeah. It's literally in the law, and a lot of people don't understand our law, I guess, because our judicial language is in 'Olelo, yeah. So yeah. So we got to look at that, look at the laws. We got to look at the royal patent, all the palapala Sila Nui, that's what we call it, and return it back to the correct landholder's descendants. Mahalo.

CHAIR SINENCI: Mahalo, Mr. Royal House, for your testimony this morning. And I think I know that Director Young has been...well, each one of the board members are lineal descendants of the East Maui leasehold area. So I believe that the Department is working toward those ideals. Mahalo, for your testimony. Any other testimony?

MS. MCKINLEY: Chair, no one else has signed up to testify. Proceeding with last call. If anyone in the audience or on Teams would like to testify, please come up to mic and begin your testimony or use the raise-your-hand function on Teams. I'll provide a brief countdown. Three...two...one. Seeing none, Chair. No one has indicated they wish to testify.

CHAIR SINENCI: Members, any objections to closing testimony at this time.

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Thank you.

. . . END PUBLIC TESTIMONY FOR WASSP-1(18) . . .

CHAIR SINENCI: Okay. We'll go ahead. We have a few minutes. We'll begin with Vice-Chair Johnson and then we'll start from this side and then go down. Vice-Chair Johnson.

VICE-CHAIR JOHNSON: Thank you, Chair. Thank you, Director Lung, uh Young, for all the work you done, and good to see you that your...you guys are growing, and building, and having money go out the door—which brings me to my question about your grants. 75,000 for five grants I guess in, you know, reflecting on that I'd ask you in this upcoming budget is that...was that enough, do you need more, did it go, any reflections, any wise words?

MS. YOUNG: There's definitely lots of room for growth. I'm going to let Leslie talk about how we've been tracking that and how we see the need in the future and hope to be able to meet it little more vigorously than we are right now.

COUNCILMEMBER JOHNSON: Thank you. Nice to see you again, Leslie.

MS. TAMARIBUCHI: Nice to see you. Thank you for the question. We received applications totaling requests for over \$200,000. So we weren't able to fully fund all of the qualified applications that we received. We also are just getting started in terms of even awareness of the...our Department and the grants program. So we...we have had we

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had, in the fall, around our grant announcement time, a total of over 50 inquiries in one form or another responding to surveys, participating in our grants information workshops, and...and we have another round of survey, grant program survey open now. And the one that's open now is really indicating people are learning about the grants for the first time, really upon understanding or getting the announcement about the awards that we're making. So we're really anticipating a higher volume of requests. And we're also doing what we can to build out our capacity to follow up and then help build readiness and skills of those folks who are already doing the work, interested in participating in the grants programs. So our hope is that...

VICE-CHAIR JOHNSON: Wonderful.

MS. TAMARIBUCHI: So we're fairly certain we're going to have more requests and more qualified requests going forward.

VICE-CHAIR JOHNSON: So, in this upcoming budget, do you plan to increase ask for your grant budget?

MS. TAMARIBUCHI: Yes, we do.

VICE-CHAIR JOHNSON: Okay. Alright. Great. You know, it's interesting when folks come to you for a new... you know, everything's new, so I'm sure they have a million questions. So if...like, let's say if the grant applicant coming to doesn't really fit you guys, do you have the institutional knowledge to kind of pivot and say why don't you try a micro grant from the Department of Ag or maybe this over here is a little bit more you pace. Is...are you guys able to not work in silos is really basis of the question.

MS. TAMARIBUCHI: The short answer is yes. And a lot of the learning of these last months has been really educating ourselves about the other sort of complimentary funds available across the County. We have actually . . .*(timer sounds)*. . . recommended some of our grant applicants to the Ag Micro Grant Program --

VICE-CHAIR JOHNSON: Wonderful.

MS. TAMARIBUCHI: -- and I hope that they applied.

VICE-CHAIR JOHNSON: Yeah. Okay. That was my time and thanks for doing what you do. I really appreciate all the work, you guys. Thank you, Chair.

CHAIR SINENCI: Mahao, Vice-Chair Johnson. I don't see Chair Lee. She might be tending to her pōpoki. So, we'll go to Member U'u-Hodgins.

COUNCILMEMBER U'U-HODGINS: Thank you, Chair. Thank you, Director Young. I had the privilege to meet with her the other day, so in the interest of time I really don't have any questions. Thank you so much for all you do. Very nice to meet you. Thanks, Chair.

CHAIR SINENCI: Thank you. Member Cook.

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COUNCILMEMBER COOK: Thank you. What's the...how do you oversee the grants that are awarded, the staffing, and the oversight for meeting the goals and objectives?

MS. TAMARIBUCHI: Thank you for the question. We are...as you can see, we're—they're small grants, and right now there are five grantees, and we're just getting started. We're still in contracting process for those grants. We've been fortunate...I've been fortunate to participate in the Countywide conversation amongst grants managers, finance—Department of Finance, and legal counsel as we're going through this administrative review of the grants process Countywide. So we've really benefited by starting up our program at the same time as those conversations are happening. So we're really making sure to set up our reporting systems, which are in process right now, in alignment with the Countywide standards. And...and we are...we have a small enough group, that we have, I think, proportionally more capacity to support the small grantees to be in compliance and in good communication going forward.

COUNCILMEMBER COOK: Thank you for that update. It's good to hear that the Countywide, the Departments, and the grant processes so hopefully...and granted your...granted--you're fortunate, relatively small, to be able to manage it but it'd be great for the County to be able to have a comprehensive, collaborative, functioning, awarding, mapping, tracking and mostly paying the grantees. So thank you. That's my only question.

MS. TAMARIBUCHI: Mahalo.

MS. YOUNG: There's something I did want to follow up a little bit on that. Because we're so small we're able to work actively with our grantees, and Leslie is focusing on getting a—I don't even know what we want to call it—a meeting of them together so we can build a relationship between them as well and help to expand the capacity through understanding what everybody else is doing. But it also allows us to kind of monitor them more. And because we are set in a limited geographic area, we interact with them probably on a fairly more regular basis probably than...that other Departments.

CHAIR SINENCI: Mahalo, Member Cook. Do I...is Member Rawlins-Fernandez for her opportunity? We can come back to her.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. I don't have any questions. Mahalo. Good job.

CHAIR SINENCI: Mahalo. Member Paltin for your opportunity.

COUNCILMEMBER PALTIN: Thank you, Chair. I did hear Director Young mention about the EPA. I just was wondering, you know, when we set up this Water Authority, we were thinking we're going to bring down Federal dollars, but the situationship at the Federal level has changed with the EPA. And so, I was wondering is that still your same strategy, that we could be able to get Federal monies coming in?

MS. YOUNG: Interestingly East Maui is very popular with some of the agencies in the Federal

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Government but yeah, I didn't want...

COUNCILMEMBER PALTIN: It must be because of Member Sinenci.

MS. YOUNG: . . .*(laughing)*. . . It was the number one program for the State, looking for the Forestry Legacy program. In the country, they were ranked number one. So we're definitely already on their radar, and I'm not sure. I mean, it's a special area so maybe for that reason or maybe they've come to Maui or not.

COUNCILMEMBER PALTIN: Are you guys involved with the REPI as well?

MS. YOUNG: What's the REPI?

COUNCILMEMBER PALTIN: It's better --

MS. YOUNG: Oh.

COUNCILMEMBER PALTIN: -- I'm not the one that explains it because it wouldn't come off as too favorable, but it's kind of where they give money because the...the Department of War messed up your...

MS. YOUNG: I...I am familiar with that. That's something we're not involved in.

COUNCILMEMBER PALTIN: Oh. Okay. All right, that concludes my questions.

CHAIR SINENCI: Thank you, Member Paltin.

COUNCILMEMBER RAWLINS-FERNANDEZ: Chair?

CHAIR SINENCI: Member Sugimura. Oh.

COUNCILMEMBER RAWLINS-FERNANDEZ: I...I was going to say that REPI stands for Readiness and Environmental Protection Integration.

CHAIR SINENCI: Mahalo, Member Rawlins-Fernandez.

COUNCILMEMBER SUGIMURA: Thank you. I was just wondering if...and I see your grants and it doesn't-- if your grants are also similar to what the Department of Water Supply gives out grants to watersheds and whatever, and I'm wondering how it there's integration or?

MS. YOUNG: They're-- we worked with them as we set up the program. Leslie did with Robert. We capture a very different market. They are very large grants with East Maui Watershed Partnership and other partnerships that mostly focus on the top of the mountain. We are focused more on what they call zone B, which is the middle section of the mountain where there's really a lack of...of funding for that. And it's also where the community members do the work, so we can support what's going on in those areas,

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too. So, we didn't want to compete. We would love to have their resources, but for now we were very strategic about where we're placed. And we're really small grants, too, that we're giving. So we're doing something different than what they are.

COUNCILMEMBER SUGIMURA: Thank you.

CHAIR SINENCI: And is that...the B zone, is that where a lot of invasives are as well?

MS. YOUNG: Yes, it is. And it's a lot...when we talked to some of the State people that are involved in that, where they've identified areas that if you could do some stream cleaning you could have better recharging, you can have better mauka and makai flow and it's not where a lot of the current resources have been able...there's not been enough funding to really get into those areas.

CHAIR SINENCI: Okay. Member Batangan.

COUNCILMEMBER BATANGAN: Thank you, Chair. Thank you, guys, for being here. Director, are you hired, fired, and managed by your board? Are you a Mayor appointee or you're a civil servant? What is your status?

MS. YOUNG: Sure. We're a unique blend where the board nominates and the Council approves. And I...I'm under...I'm a County Department, so Josiah is above me who I work with.

COUNCILMEMBER BATANGAN: And then so everybody under you in the org chart, are they civil servants or are they direct appointees to you?

MS. YOUNG: No. They're...we went the civil service process, which is I think part of why the 68 steps comes into play.

COUNCILMEMBER BATANGAN: One of the things that this body has been learning recently is how the Department of Water Supply is going through its acquisition of water infrastructure out in West Maui. Can you describe what your process is for negotiating for infrastructure in East Maui and describe what kind of coordination you have with the Department of Water Supply?

MS. YOUNG: Sure, there's a lot of coordination. The Mayor is leading discussions right now with the Department of Water Supply, Department of Management, Corp. Counsel, and Mahi Pono. And there are regular and ongoing consistent discussions over acquisition, over other areas too. We also are working with the DLNR, as well, as a group but we're...we make sure that we're coordinated and integrated with them.

COUNCILMEMBER BATANGAN: And then when you guys discuss maintenance of any systems that the County may acquire, is that going to fall in your Department or is that going to fall in the Department of Water Supply?

MS. YOUNG: We're still working it out. Right now, Department of Water Supply has the

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capacity to do the work, they operate other surface water systems. We would do some type of intergovernmental agreement with them to fulfill the Charter, and we bring certain resources, especially with the watershed programs, to it, too, so it would be in coordination.

COUNCILMEMBER BATANGAN: Okay. Sorry. I'm just jotting down notes in your presentation and I can't read my handwriting. Can you remind me of the status of the strategic plan?

MS. YOUNG: Sure. We're contracting right now for it.

COUNCILMEMBER BATANGAN: Okay. So for the grant programs, the grant program that you administer, there are some program areas that I had questions on.

MS. YOUNG: Sure.

COUNCILMEMBER BATANGAN: Because I understand the ahupa'a and all wai restoration that you're working on, but some of the other focus areas seem to be outside of the duties, powers, and functions for Regional Community Boards aligned in the Charter and then the direction...the regional director's . . . *(timer sounds)*. . . powers, duties, and functions. So absent charter directive and absent a strategic plan, how did you decide on the grant program area focuses? And I can save this for a second round. I heard the buzzer.

MS. YOUNG: Okay. This is where the community engagement came into play. We drilled down during June meetings on broad vision, mission/mission values. And then on the second round of meetings we went into operational, what kind of programs do you want to see, what are the needs. And these all came...came directly out of there. So these will all go into our strategic plan.

COUNCILMEMBER BATANGAN: Thank you, Chair.

CHAIR SINENCI: Okay. Mahalo. I...I just had one question. It...is there a need for the Department to be present in East Maui?

MS. YOUNG: There is a strong desire for the watershed work to be centered there, including having a base yard. We are out there quite a bit already, we're very lucky that we have Ke'anae Uka when we need, but we are...we've heard strong and clear and we also understand, operationally, you want to be close to where you're doing your work. So we're working on that right now.

CHAIR SINENCI: Okay. Great. Thank you, Members, any other questions for Director Young or Leslie? We have one more from Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. I guess to follow up on Member Batangan's question. So I know that the water leases and land leases for the entirety of EMI there's, like, some State, some private. I don't know if you're able to provide us any updates on that. I know that this BLNR disapproved or rejected the EIS and that

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was kind of...that was submitted by A&B. So where...where are we at on that?

MS. YOUNG: Okay. We are talking with DLNR. They have proposed a contested case hearing process in the absence of the County making a direct request. So they have recently asked us for an update that we're working on to give them, which would include our capacity for managing the system. So that will...that will come out in the next couple of weeks. We're putting that together too. So they are wanting us to come up with a plan and give them our plan for it. So we've been working long hours to put that together and make sure that that's coordinated across-- everybody involved.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Mahalo for that update. Mahalo, Chair.

CHAIR SINENCI: Mahalo, Member Rawlins-Fernandez. Okay. Members, if there are no other questions, we're nearing the end of our WASSP Committee meeting. We wanted to thank Director Young for joining us. You don't have to come back again. . . .*(laughing)*. . . and Leslie, thank you for joining us this morning. Members, any objections to deferring this item?

COUNCILMEMBERS VOICED NO OBJECTIONS. (excused: AL).

ACTION: DEFER pending further discussion.

CHAIR SINENCI: Okay. Again, Members, thank you for all of your great questions and comments today. And this concludes today's Water Authority, Social Services, and Parks Committee meeting. Staff, is there anything that I forgot?

MS. MCKINLEY: No, there's nothing outstanding, Chair.

CHAIR SINENCI: Okay. And just as a reminder, we have WAI Committee under Councilmember Cook this afternoon at 1:30 here in the Chambers. With that the WASSP Committee meeting of Monday, March 9, 2026, is now adjourned. It's 11:58 a.m. . . .*(gavel)*. . .

ADJOURN: 11:58 a.m.

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CERTIFICATION

I, Cheryl von Kugler, hereby certify that pages 1 through 39 of the foregoing represents, to the best of my ability, a true and correct transcript of the proceedings. I further certify that I am not in any way concerned with the cause.

DATED the 19th day of March 2026, in Wailuku, Hawaii

A handwritten signature in cursive script, reading "Cheryl von Kugler", written in black ink. The signature is positioned above a horizontal line.

Cheryl von Kugler