

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE

Council of the County of Maui

MINUTES

July 21, 2025

Online Only via Teams

CONVENE: 9:02 a.m.

PRESENT: VOTING MEMBERS:

Councilmember Shane M. Sinenci, Chair
Councilmember Gabe Johnson, Vice-Chair
Councilmember Tom Cook, Member
Councilmember Alice L. Lee, Member
Councilmember Tamara Paltin, Member
Councilmember Keani N.W. Rawlins-Fernandez, Member
Councilmember Yuki Lei K. Sugimura, Member (In 9:20 a.m.)
Councilmember Nohelani U'u-Hodgins, Member

EXCUSED: VOTING MEMBERS:

Councilmember Tasha Kama, Member

STAFF:

Ellen McKinley, Legislative Analyst
Tiare Del Castillo, Legislative Analyst
Kasie Apo Takayama, 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
Zhantell Lindo, Council Aide, Molokai Residency Area Office
Roxanne Morita, Council Aide, Lānaʻi Residency Area Office
Mavis Oliveira-Medeiros, Council Aide, East Maui Residency Area Office
Buddy Almeida, Council Aide, Makawao-Haʻikū-Pāʻia Residency Area Office
Bill Snipes, Council Aide, South Maui Residency Area Office

ADMIN.:

Yukari Murakami, Deputy Corporation Counsel, Department of Corporation Counsel (All)
Jessica Crouse, Deputy Director, Department of Human Concerns (WASSP-1(11))
Hauanu Bernades, Immigrant Services Program Coordinator, Department of Human Concerns (WASSP-1(11))

OTHERS:

Caroline Cadirao, Director, Executive Office on Aging, State Department of Health (WASSP-1(9))
Dr. Alike Maunakea, Professor, Department of Anatomy, Biochemistry and Physiology, John A. Burns School of Medicine, University of Hawaiʻi at Manoa (WASSP-1(10))

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Dr. Ruben Juarez, Hawai'i Medical Services Association Distinguished Endowed Professor, University of Hawai'i Economic Research Organization and Economics Department, University of Hawai'i (WASSP-1(10))
Christopher Knightsbridge, Psy. D., Doctor of Clinical Psychology, Lahaina Certified Community Behavioral Health Center (WASSP-1(10))

Testifiers

Testifier 1 (Royal House of Hawai'i) (WASSP-1(9))
Jasee Law (All)

(30+) additional attendees

PRESS: *Akakū: Maui Community Television, Inc.*

CHAIR SINENCI: . . .*(gavel)*. . . Aloha kakahiaka kākou, and welcome to the WASSP Committee meeting of Monday, July 21st. It is 9:02 a.m. Mahalo, Members, for joining us this morning, and thank you for...for carving out some time this early morning. Just a reminder for members of the public to please silence all cell phones and noisemaking devices. I'm Shane Sinenci, your Committee Chair. 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 with you, vehicle, or workspace with you, and minors do not need to be identified. Also, 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.

VICE-CHAIR JOHNSON: Aloha. Good morning, Chair, Councilmembers, community members. There's no testifiers here at the Lāna'i District. I'm alone on my side of the office with my snoring dog, and I look forward to your robust agenda today, Chair. Thank you.

CHAIR SINENCI: Mahalo for joining us, Vice-Chair Johnson. I'll go to Council Chair Lee for the morning greeting.

COUNCILMEMBER LEE: Aloha, Chair. If you wish to say hello in Austrian, you would say servus, as Austrian [*sic*], as you know, is in Europe, right under Germany. Thank you.

CHAIR SINENCI: Servus, Chair Lee. Also joining us this morning in the Chamber, we have Member Tom Cook. Aloha and servus.

COUNCILMEMBER COOK: Aloha and servant [*sic*]. Looking forward to your meeting today, Chair. The Kihei Regional Office, we moved, so we're not quite set up for public testimony yet.

CHAIR SINENCI: Okay. Thanks for...for that update, Member Cook. Member Tasha Kama is excused for this meeting. And then joining us online would be Member Paltin. Aloha kakahiaka and servus. *(pause)*

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COUNCILMEMBER PALTIN: Aloha kakahiaka kākou and servus from the West Maui Residency Area Office. Streaming live and direct from historic Lahaina Town in the burn zone. I have with me Christian Balagso, the West Maui Residency Area Office EA. Thank you. No testifiers.

CHAIR SINENCI: Mahalo, Member Paltin, and happy you could join us this morning. Also joining us online, I see Member Keani Rawlins-Fernandez. Aloha kakahiaka.

COUNCILMEMBER RAWLINS-FERNANDEZ: Aloha kakahiaka kākou mai Molokai nui a Hina. I'm at my private residence alone in this room. And e kala mai, I'm having technical difficulties on my laptop, so I'm on my phone at the moment, but I will figure it out. And there are currently no testifiers at the Molokai District Office. Mahalo, Chair.

CHAIR SINENCI: Okay. Sounds good. We do have quorum if you need to jump off and then jump back on again. Okay. And then Member Sugimura will be joining us in a little bit. Is she on? No? And also, I believe Member U'u-Hodgins will also jump online as well. Okay. Members, joining us from the Department of Human Concerns, we have Director Lori Tzuhako, Deputy Director Jessica Crouse, and our Immigrant Services Coordinator, Hauanu Bernades. From Corporation Counsel, we have Ms. Yukari Murakami, the Deputy Corporation Counsel. Welcome.

MS. MURAKAMI: Good morning, Chair.

CHAIR SINENCI: Good morning. Our Committee Staff this morning helping us to...with this meeting, we have Ms. Criselda Paranada. Good morning, servus. Also, we have Ms. Ellen McKinley, our Legislative Analyst; our Senior Legislative Analyst, Ms. Kasie Apo Takayama; our Legislative Analyst, Ms. Tiare Del Castillo; as well as our Legislative Attorney, Ms. Megan Moniz; and Assistant Clerks, Lei Dinneen and Jean Pokipala. Welcome and servus, everyone. Okay. Members, on today's agenda, we have three items. Our first item is WASSP-1(9), the Overview of Hawai'i's Aging Network and Support Services; WASSP-1(10), an Update on the Maui Wildfire Exposure Cohort Study; and our third item, WASSP-1(11), is an Update on Immigrant Services Division's Passport Services. Members, without objection, I'll be designating the following as resource persons under Rule 18(A) of the Rules of the Council because of their expertise. We have Ms. Caroline Cadirao, Director, Executive Office on Aging with the State Department of Health; we have Dr. Alike Maunakea, Professor, Department of Anatomy, Biochemistry, and Physiology; John A. Burns, School of Medicine at the University of Hawai'i at Manoa; we have Dr. Ruben Juarez, Hawai'i's Medical Services Association Distinguished Endowed Professor, University of Hawai'i Economic Research Organization and Economics Department of the University of Hawai'i; and we also have Dr. Christopher Knightsbridge, Doctor of Clinical Psychology at the Lahaina Certified Community Behavioral Health Center. Any objections, Members?

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Thank you.

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COUNCILMEMBER RAWLINS-FERNANDEZ: No objections. Chair?

CHAIR SINENCI: Yes. Go ahead, Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. As I'm trying to troubleshoot, I just wanted to point out, since you didn't in your opening comments, that your agenda is in 'Ōlelo Hawai'i.

CHAIR SINENCI: Oh, yes.

COUNCILMEMBER RAWLINS-FERNANDEZ: And it looks amazing.

CHAIR SINENCI: I did. I...I already learned at least ten new Hawaiian words from my agenda.

COUNCILMEMBER RAWLINS-FERNANDEZ: Awesome. Awesome.

CHAIR SINENCI: And mahalo for your work.

COUNCILMEMBER RAWLINS-FERNANDEZ: It looks great. Mahalo, Chair. And mahalo, Staff.

CHAIR SINENCI: Thank you. And I do see, Member U'u-Hodgins. Aloha and servus.

COUNCILMEMBER U'U-HODGINS: Aloha, Chair. Aloha, everyone. Happy Monday. I'm at my private residence. And right now, I have two children and one adult, Koa Hodgins, in the house. The other two are outside and will be probably filtering in and out. But good morning to everyone.

CHAIR SINENCI: Hi. Good morning, and welcome, 'Ohana Hodgins [sic]. Okay, Staff, do we have any testifiers this morning?

MS. DEL CASTILLO: No one has signed up to testify.

CHAIR SINENCI: Okay. Let me know, and then I can read the...the testifier log...or thingy.

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

ITEM 1(9): OVERVIEW OF HAWAI'I'S AGING NETWORK AND SUPPORT SERVICES (Rule 7(B))

CHAIR SINENCI: Okay, Members, so let's just move on right ahead. Let's proceed with our first agenda item. WASSP-1(9) is the Overview of Hawai'i's Aging Network and Support Services. Members, during our last WASSP meeting, we heard from the County's Office on Aging about the State Executive Office on Aging and their educational program, the Hawai'i State Health Insurance Assistance Program. And because our kūpuna rely on these services, along with the future uncertainty of Medicaid and Medicare, I have

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invited the Executive Office on Aging's Director, Caroline Cadirao, to provide an overview on Hawai'i's Aging Network, and the programs and services authorized under the Federal Older Americans Act. So, with that, Members, I'll now turn the floor over to Director Cadirao for her presentation. And I believe her presentation is on...the only one listed on Granicus, if you need to find it, Members. Director Cadirao, go ahead.

MS. CADIRAO: Thank you, Chair and Members of the Committee. Everyone can hear me okay?

CHAIR SINENCI: Yes.

MS. CADIRAO: Great. Well, good morning, aloha and servants [sic]. I hope I got that correct. I'm Caroline Cadirao. I'm the Director here at the Executive Office on Aging. I'm in my office by myself with my door shut and my Yeti (*phonetic*). And I'm here to present to you today Hawai'i's Aging Network from the State level. I'm so glad you heard from our State Health Insurance Assistance Program, especially as we go into open enrollment for Medicare in October. And I will share with you the overview of the Aging Network, and then answer any questions that you may have. Next slide, please. (*pause*) Okay. The Executive Office on Aging is...is attached to the Department of Health. We are the lead agency responsible for the Statewide system of aging and caregiver supports here in the State of Hawai'i. And we are what they call the designated state unit on aging from the Federal level. Next slide, please. (*pause*) So, the vision for the Executive Office on Aging is simple, it's Hawai'i is the best place to grow older. But with that comes many, many, many responsibilities. Next slide, please. Okay. Our mission is to optimize the health, safety, and independence of Hawai'i's older adults and people with disabilities. We support both our kūpuna and their caregivers through planning, development, advocacy, and coordination of policies, programs, and services, and that's what I'm going to be sharing with you today. Next slide, please. The values and principles that we hold dear is really to allow our older adults to live with independence, dignity, and respect while maintaining and preserving their quality of life. We also feel that older adults deserve to feel valued and have meaningful opportunities free from abuse and exploitation. And these values and principles that we live by are reiterated both in our Federal and State laws that we...we follow. And it really enhances all the work that we do here at the Executive Office on Aging. Next slide. Our governing laws, and as Chair said earlier, is the Older Americans Act of 1965 as amended. It created the infrastructure for what we call the Administration for Community Living, and also the responsibilities of the State units on aging. It defines the services and supports that we provide out in the community. It requires states to have a plan on aging to address the needs of older adults. Our current plan on aging is a four-year plan, from 2023 to 2027. We're going to be entering year three of that plan in October. And then we also are...we follow Hawai'i Revised Statutes, Section 349, which establishes our office and the functions of the office. Next slide, please. Just a brief overview of our aging population throughout the State. Our overall population sits at about 1.4 million. Of that, 25 percent, or close to 25 percent are over the age of 60. We have the highest life expectancy in the nation at 80.7 years of age. I have seen it a little lower at 79.9, but I was never able to verify that. So, we'll go with the 80.7. Twenty-eight percent live with a disability. 29,000 live with Alzheimer's disease and related dementias. And that

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number is really underreported. We know that the number is higher than that, but many have not been diagnosed. And then about 14 percent Statewide live alone. And within each county, that number varies. On O'ahu, that's as high as 36 percent of individuals living alone. So, it's very important that we provide the services and supports so that these people can live in their place of choice. Next slide, please. So, I had mentioned earlier the Aging Network. So, when we're looking at the Aging Network, the Executive Office on Aging receives our funding and all of our policy and administration from the Administration for Community Living. We then turn around and ensure, through policy development, coordination of services and supports, that we support our four Area Agencies on Aging. And I understand that Rowena Dagdag-Andaya had done a presentation recently too about her Area Plan on Aging. So, each area agency is required to have a plan on aging specific to their...their planning and service area. So, we have, of course, County of Kaua'i; the City & County of Honolulu; Hawai'i County; and then, of course, Maui County Office on Aging. We have close to 57 service providers throughout the State providing close to 47,000 older adults that we are serving throughout the given year. This data is based on our Federal Fiscal Year 2024. We provided over 520,000 meals, that includes both congregate as well as home-delivered meals; 30,000 days of adult daycare; over 27,000 hours of homemaker; 60,000 days of respite care; close to 100,000 one-way trips for transportation; close to 6,000 sessions of recreation, keeping people active in their community; and 27,000 contacts for information and assistance. Next slide, please. So, this is just a spattering of the various services and supports that are provided through your local Area Agency on Aging, which, of course, is Maui County Office of Aging. And again, this is not inclusive of everything, but there is program...I mean various services that we provide that are defined by the Older Americans Act that are provided in your community. Each Area Agency on Aging looks at what their...their needs are within their planning and service areas, and based on that assessment of needs, it helps to define what services and supports are provided within their community. Next slide, please. The Maui County Office on Aging, we were just talking about that, is your go-to place for services and supports for the residents throughout your tri-County of Maui. And they are the...also the operating entity for the Aging and Disability Resource Center. So, this is a picture from their landing page on their website. Right now, our website is under development. We do have information there, though, but we're still...we just changed providers, so we're updating that as we speak. Next slide, please. So, some of our priority services that we ensure are...currently that we're ensuring is important to us, again, is nutrition. When we came out of the pandemic, making sure that our older adults, through the pandemic and as we exited, were provided with nutritious meals, whether it was at a congregate setting or a home-delivered meal...especially coming out of the pandemic, combating social isolation. We saw many of our programs that were community-based--Healthy Aging Partnership, things like that, Enhanced Fitness, our Better Choices, Better Health programs--had to stop during the pandemic, and those programs were health prevention and promotion. So, as we're coming out of the pandemic, we're ensuring that these programs and services are being provided, again, in our community, and putting an emphasis of getting people reconnected with their community. Caregiver support is another area that we...we want to ensure that our caregivers that are providing that support out in the community to their older adults and their loved ones are supported, that they have resources, that they have services,

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so that they can either maintain their own personal health or continue to be able to work and stay employed. Access services, such as legal services, transportation, information, and assistance are very important. And one of our Governor's top priorities is housing. So, where we can help in that area with housing is important to us. Next slide, please. I had been asked initially to talk about the Federal landscape. So, I did want to share with you how we understand the Federal landscape when it applies to the Older Americans Act, and where we're at at the current time. As you know, this has been an everchanging evolution as...since this current administration took over. But as we understand it right now, last week we found out that there was a reduction in force at the Administration for Community Living. All of our regional offices, staff were let go. They're the ones that support us here at the State level. Also, there was some reorganization and reduction in force from the grants and budgeting landscape, which is concerning, especially at the State level, as far as how operations...how we will continue to receive our funding may be impacted by these reductions in force. There is discussion right now that the Administration for Community Living is going to be assumed by the Administration for Children and Families. I had a wonderful opportunity to sit in another presentation last week where our advocates at the Federal level told us, if these changes need to be made, this would be a good place for the Administration for Community Living to live. So, I'm very relieved that they think that that's a good area that it should be. And they're going to rename it the Administration for Children, Families, and Communities. So, we're looking forward to how that plays out. The reconciliation process...we were happy, after so much controversy and threats out in the community that our budget was going to be slashed by at least 26 percent, that our Older Americans Act budget is at the 2024 level and is intact currently. And the current proposal by the President for funding is at our 2024 level. So, we have not taken cuts. Yet again, we continue to really keep an eye on the Federal landscape because we are worried about our sister programs and the safety net programs, such as Medicaid and Medicare, and what those implications to those programs would be, and how we may see an increase in calls to our Area Agencies on Aging, including Maui County. And we're just keeping an eye on that as we move forward. And next slide, please. *(pause)* Oh, the next slide is just how you can--sorry, that's supposed to be contact us--how you can contact us. I have both my information here at the Executive Office on Aging, and also Maui County Office on Aging. If you are looking for direct services and supports for your loved ones or family members, you can call the (808) 643-ADRC. And I'm available for any questions. Thank you.

CHAIR SINENCI: Oh, great. Mahalo, Director Cadirao. And thank you again for your presentation, and for taking time out of your busy schedule to be with us this morning. Before we begin our discussion, Staff, is there any testimony for WASSP-1(9)?

MS. DEL CASTILLO: There is one testifier online that wants...

CHAIR SINENCI: Okay. Let me quickly read the testifier...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 and as the item is called up on the agenda. Testifiers wanting to provide video or audio testimony should sign up in the Chamber, join the online meeting via the

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Teams link, or call in to 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. And for those calling in, please follow the prompts via phone, star-5 to raise and lower your hand and star-6 to mute and unmute. Staff will add names to the testifier list in the order testifiers sign up or raise their hands. And 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 your time to testify. Written testimony is encouraged and can be submitted via the eComment link at mauicounty.us/agendas. Oral testimony is limited to three minutes per item and will be accepted at the beginning of the meeting and prior to the Committee's deliberation on each item on the agenda. If you're still testifying beyond that time, I'll kindly ask you to complete your testimony. Please ensure your name appears in Microsoft Teams as the name you prefer to be referred to, or anonymous if you wish to testify anonymously. If you're in person, please notify Staff that you would like to testify anonymously. Otherwise, please state your name for the record at the beginning of your testimony. 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 in advance. And we'll call on the first testifier. Do we...oh, I would like to recognize Councilmember Sugimura. Aloha and servus.

COUNCILMEMBER SUGIMURA: Thank you. Servus. Thank...sorry I was late. Thank you very much. Looking forward to a productive meeting. Thank you.

CHAIR SINENCI: Thank you for being here. Staff?

. . . BEGIN PUBLIC TESTIMONY FOR WASSP-1(9) . . .

MS. DEL CASTILLO: Chair, the first testifier signed up is The Royal House of Hawai'i.

CHAIR SINENCI: Aloha and good morning.

TESTIFIER 1: Aloha kakahiaka. This is The Royal House of Hawai'i, an allodial land tenant and allodial land resident of Hewahewa . . . *(inaudible)* . . . 3237, 'āpana 2. And I just wanted to say, for the kūpunas, yeah, and for the housing, will they...will they be getting help, at least for them to be returning their royal-patented, allodial-titled lands? Because we can all confirm that that's the problem here, to be honest, because we got kicked off of our...all of our lands, every...each and every single Hawaiian. Each Hawaiian would know how to govern and take care of the land because they know how to take care of the land, but it's...but they don't...like, from the injustices in the education system, yeah, like, they don't even know that they actually have land still because the royal patents are never going to go anywhere. The metes and bounds of this country, of Kō Hawai'i Pae 'Āina, is not going to go anywhere. It can never be changed. And our boundaries from the royal patents last forever. And I'm just wondering, again, if...if they will get help, at least, for their housing, and be...help getting

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returned to their royal-patented land, the palapala sila nui, the L.C.A. And...and yeah, thank you.

CHAIR SINENCI: Mahalo for joining us, and for your testimony. Members, any questions for The Royal House of Hawai'i? Seeing none. Thank you.

MS. DEL CASTILLO: Chair, the next testifier is walking up to the podium.

MR. LAW: 'O wau Jasee Law. Aloha kakahiaka, aloha kākou, aloha *Akakū*. Aloha, Luna Ho'omolu Sinenci. Welcome back to the Kingdom of Hawai'i. I heard you were in the United States of America for a little while. And thank you for...thank you for working for the County [sic] Government, Caroline Cadirao. I won't get into my experience. I only have three minutes, so I kind of changed my...what I was going to talk about. I had a experience with a hānai aunty. And I went to Office of Aging three times, and they were very nice to me, but they told me to go to Kaiser. And we all know where that was going with that, so I didn't go to Kaiser. So, I'm glad The Royal House of Hawai'i representative spoke because one big gap in the presentation, I didn't hear the word kūpuna at all. So, thank you for that. And it...it kind of helped me to remind you guys that in the Hawaiian...I'm not from here, I'm from the East Coast of America. I was born in the...see, I don't even know where I was born, the name of the mountain range on the Western part of Pennsylvania. It wasn't Appalachia, it was the other one. They call it the Wilds. And I'm pretty sure that it was America. It was called something else before that. There was some people there before the white people from Europe took over. And so, following this Americans Act [sic] of 1965, that reminds me of me and you, Mr. Chair, because we're right on the...the tail end of the baby boomers. So, we're not quite old yet, but we're right there where we're kind of wondering what's going to happen to us next. So, we're kind of keeping an eye on this. And I'll try to read that Americans...Older Americans Act and the Hawai'i Revised Statutes, HRS 349. So, the...I'll try to be...give you some helpful information is, so I was living with my aunty in Hale Mahaolu. And I was kind of hiding out there because I didn't know what the rules were for like people that was...I wanted to help her, but I wasn't legally entitled to help her. So, I didn't know if I was actually allowed to sleep over there or not, but she...they took her away because I couldn't get help. So, it doesn't matter now. So the part where it said the percentage of kūpuna living alone...with all the houseless people out there, it just seems like there's got to be some kind of solution for the old people living alone and the houseless people. And I know they say the caregivers, and you got to go to school for all that, you got to be qualified, and you got to be...run through the system and all, but something's...unless we start trying to work outside . . .(timer sounds). . . the box here, it's...we're just going to get the same old thing. And me and you are going to be the old guys with no help pretty soon, Shane. You're lucky you got family over there in Hāna.

CHAIR SINENCI: Mahalo, Mr. Law, for your testimony. Members, any questions for the testifiers? Seeing none. Staff?

MS. DEL CASTILLO: Chair, there is currently no one else who wishes to testify. If someone would like to testify in the Chamber, please let the Staff know, or on Microsoft Teams, please raise your hand. Do you want to do final call?

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CHAIR SINENCI: Yes, please.

MS. DEL CASTILLO: Okay. This is final call...three, two, one. Chair, no one wishes to testify.

CHAIR SINENCI: Thank you, Members. Seeing there are no more individuals wishing to testify, are there any objections to closing oral testimony for WASSP-1(9)?

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Thank you, Members. We'll now close public testimony for this item.

. . . END PUBLIC TESTIMONY FOR WASSP-1(9) . . .

CHAIR SINENCI: Okay, Members, I'd like to open the floor for any questions for Director Cadirao. Each Member will have three minutes for the first round, and then, should we need additional time for any subsequent rounds, then we can...we can do that. So, we'll begin with Committee Vice-Chair Johnson. Do you have any questions for Director?

VICE-CHAIR JOHNSON: Sure. Thank you, Chair. I'm sorry, there's a leaf blower right outside my window, so beg your pardon if there's background noise. But Director Cadirao, I hope I pronounced your name correctly. Thank you for joining us today. I'm really curious about the adult daycare slide that you had.

MS. CADIRAO: Um-hum.

VICE-CHAIR JOHNSON: Can you tell me, is there a waiting list? What's the popularity of it, and how successful is that? I'm really curious about if there's waiting lists for those. Thank you.

MS. CADIRAO: I believe...and thank you, Member Johnson, for your question. I think there are waitlists for our publicly funded supports of adult daycare. And especially...I know on Maui, we were looking at ways that we could give additional resources to Maui because that's one of the most popular services being provided right now. So, we've been working with Rowena on that so we can look at ways we could support that and support her waitlist. And I believe there are waitlists on our neighbor island...on the other neighbor islands too...as far as publicly funded. Now, there is private pay, which even when I got my dad into adult daycare, it took a little while, but it...it was something that we were able to do.

VICE-CHAIR JOHNSON: Yeah, that's --

MS. CADIRAO: . . .*(inaudible)*. . . resources.

VICE-CHAIR JOHNSON: -- kind of what...reconfirming --

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MS. CADIRAO: Yeah.

VICE-CHAIR JOHNSON: -- what I've been hearing, but thank you for that response, Director. I...I saw your slide, the Federal slide, about the funding, and it...it sounded like you guys are okay. I'd like to hear more if you want to get into the details of it. And then the...my last question, you can answer it how you...ever you want, but these are the two questions I have is, reconnecting to the community post-COVID. I really...I really feel that across the board, kūpuna especially, yeah, you know, a lot of the programs are coming back from COVID, but are they engaging in those programs? It's like hard to change an old habit when you're stuck in your house during COVID, and to come out is a little harder to draw them out. So, any of those responses?

MS. CADIRAO: Okay. On the funding, so we actually...thank...thank God, we're with the State of Hawai'i. My budget is about two-thirds State-funded, one-third Federally funded. However, if those Federal funds were to go away, our reliance on those State funds would really be difficult because then we'd have to spread that money a lot farther, and then we would have to either reduce services, reduce staffing, which we don't want to do. So, that's why we're really keeping an eye on the landscape. And with the 2024 budget, I mean, with the increase in inflation and things like that, you know, we have to take a look. We're regrouping right now, and looking at our Federal funds, and how we're going to...and the current level of the cost of those funds, how...if the...we're still going to be able to provide the services at that level that we were at in 2024. As far as reconnecting with the community . . .(timer sounds). . . you're spot on. Oh, sorry, is that it?

CHAIR SINENCI: No, go ahead. You can...

VICE-CHAIR JOHNSON: I can wait for the second round to respond to that. Thank you, Chair.

MS. CADIRAO: Okay.

VICE-CHAIR JOHNSON: Thank you, Director.

MS. CADIRAO: On the reconnecting, it has been difficult. Older adults have...they just...they're into their new routine. They...they were told to shelter in place, stay at home, especially our older adults, you know, wear your mask, do all that. And it's been hard to reengage. And part of the problem with the reengagement is not just on the elder side, but is on our workforce side, where we weren't able to stand up--and I'm talking more Statewide, all of our congregate sites that we had before--getting people to reengage in our health promotion education programs has been difficult because they just got so complacent, I believe, in staying at home. So, we're working on some marketing ideas right now to see how we can increase those activities and get people reengaged.

VICE-CHAIR JOHNSON: Thank you, Director. Thank you, Chair.

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MS. CADIRAO: Thank you.

CHAIR SINENCI: Thank you, Member Johnson. Next, we have Member Cook, followed by Chair Lee.

COUNCILMEMBER COOK: Thank you, Ms. Cadero [sic]...Director. Do we have any statistics on the relationship between kūpuna living alone at home and families who have left and moved to the mainland?

MS. CADIRAO: I...that's a good question, Representative [sic] Cook. We know that when we were looking...when we were developing our State plan, we realized--I think it was in 2022--that over 15 percent of our population had left the islands. I don't have a correlation of were they caregivers, but yet again, that 15 percent was a little alarming. Because we know that one of the statistics that we just got in the last few weeks is that our older adults are outpacing the number of children in our state. We're one of the 11 states where that's happening. So, we're having families leave. Those natural supports that are provided in the community is going to be problematic because again, those...if those individuals aren't moving with their loved ones, then they may be here needing support, and not having that natural support that they had once had. I hope that answered your question.

COUNCILMEMBER COOK: No, it...it does. I think it's...it's an evolving situation, and something that is of concern. And housing, both for our kūpuna and families to be able to stay here, it's kind of like the foundation of our community being able to take care of the elders. So anyway, that's my questions for now. Thank you very much, Director.

CHAIR SINENCI: Mahalo, Member Cook.

MS. CADIRAO: Thank you.

CHAIR SINENCI: Next, we have Chair Lee, followed by Member Paltin.

COUNCILMEMBER LEE: Thank you, Chair. Good morning, Director. You mentioned earlier something about you're not too concerned about losing Federal funds except for possibly Medicare and Medicaid benefits. But I thought you also said one program had to let their workers go. Which program was that?

MS. CADIRAO: Actually, I'm sorry. I meant that, no, our Federal funding is very important to us because that's...overall, our Federal and State funds together support our whole community. So, if we were to lose those monies, it would be difficult. And I think I said we'd have to look at possibly whether we'd have to shift as far as letting...if staff had to go, but we're not at that point yet. We haven't let anybody go because our funding's currently intact.

COUNCILMEMBER LEE: Okay.

MS. CADIRAO: Sorry if I miscommunicated.

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COUNCILMEMBER LEE: No, I misheard you. So, from what you know at this point, the funding level at 2024 will be intact for the future --

MS. CADIRAO: That is my...

COUNCILMEMBER LEE: -- for this year?

MS. CADIRAO: Right, that's my understanding. With the current President's proposal for his 2026 budget, they're recommending the 2024 level. So...and my State funds are intact also currently. So, I think we're in a good spot, but we're really worried about those with our sister programs where they do...there's going to be a lot of shifts with that big budget that was just signed into law as far as...

COUNCILMEMBER LEE: I would imagine...I would imagine that it would affect your current budget having last year's levels of funding because, you know, expenses go up. So, you're...you're probably going to have to curtail some services, right?

MS. CADIRAO: Yeah. We...we have a little...we're on our carryover because during the pandemic, we actually had a whole lot of ARPA funds, which we have now...we've expended all our ARPA funds. We're very proud of that. So, we're in a good position right now because we do have funding from both...

COUNCILMEMBER LEE: Okay. Thank you very much. Thank you.

MS. CADIRAO: Thanks.

CHAIR SINENCI: Mahalo, Council [sic] Lee. And just to add, that was the discussion at NACo in Philadelphia this year, that a lot of states would have to revisit some of their budgets because of some of the Federal cuts. So, a lot of that discussion going on. Next, we have Member Paltin, followed by Member Rawlins-Fernandez.

COUNCILMEMBER PALTIN: Thank you, Chair. Sorry, I might've had a...lost my voice a little bit.

MS. CADIRAO: . . .*(inaudible)*. . .

COUNCILMEMBER PALTIN: I did want to follow up on the testimony. Like, are there opportunities for folks that are struggling with housing, and seniors living alone, to try and, you know, work out some sort of a win-win, or like is there a vetting process, or anything like that? Because if...if we're going to be facing a lot of these shortfalls, you know, is there a way to try and combine resources? Like you know, if ten people had to maintain ten individual households versus like two households of five, I think the...the cost would be different. But I'm not sure how the State or any kind of government agency would go about like matching people, like other than like, you know, Match.com or whatever. I mean, I think that's from the early 2000s, but whatever.

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MS. CADIRAO: There was programs back then where certain service providers...and I can speak to O'ahu because that's where I'm from and where I've lived, and I actually used to work at Catholic Charities, you know, eons ago. They did have a program where they actually had a case manager who would...and they actually had houses that they rented, and they placed individuals so that they could live together...so they're not living alone, which is a good thing. And they...they would have, you know, but then...

COUNCILMEMBER PALTIN: Like, maybe groups of people that like gardening, or cooking, or whatever. So, it's...it's mostly through church...church agencies? Like, if they share a faith or something like that, not so much the government?

MS. CADIRAO: No, because Catholic Charities actually is...they receive both State and Federal funding through the City & County of Honolulu. So, that was a program that they were doing. Again, that was back in the 1990s, and we've talked about those types of programs too, and looked at what are those possibilities of just thinking outside of the box and being creative. How could we take maybe a home--somebody could say, hey, my home's up for rent, I'm willing to work with...and...but then you got to look at what would those liabilities possibly be? And...but it's --

COUNCILMEMBER PALTIN: Yeah.

MS. CADIRAO: -- something that my board actually--and I'm sorry, that wasn't on my slide--my Policy Advisory Board for Elder Affairs is wanting to do a dive into housing, and homelessness, and what programs are...are looking at creative ways of solving some of these situations that I know...and especially for Maui, I know what you all are going through. We see it on the news time and time again.

COUNCILMEMBER PALTIN: Yeah, my mom was living alone too, and I was like, should I move back? But luckily for us, my brother moved home . . .*(timer sounds)*. . . and so now she's not alone. But I mean, she was looking for roommates for a little while.

MS. CADIRAO: Um-hum. I sometimes think these best ideas, when they bubble up from the community, is so wonderful because if...you know, and I would say maybe reach out, and we could see about how...how could we make something like that happen. But we...and then we'd have to look at, you know, the processes in place for that, and make sure the people are safe. We want them to be safe and not, you know --

COUNCILMEMBER PALTIN: Yeah.

MS. CADIRAO: -- exploited. So, there's that other side of it too, so...

COUNCILMEMBER PALTIN: Thank you.

MS. CADIRAO: Thank you.

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

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COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Aloha, Ms. Cadirao. Mahalo for your presentation and for being with us this morning, and for all your work with our seniors. I think the most, you know, pressing questions were money-related because of what's happening. So, I think it's...it's...it's good to hear those updates, that imminently there isn't a serious concern, but we'll...we'll have to start getting creative after the next year. I guess my questions kind of will dovetail off of Member Paltin, in that do you folks--your board or, you know, advisory committee--are they interested or planning to start coming up with some of the more creative ways to address potential shortfalls in the next...you know, after the next year or two? Like Member Paltin was kind of sharing with her own personal experience?

MS. CADIRAO: So, more around funding, or housing, or both?

COUNCILMEMBER RAWLINS-FERNANDEZ: I guess like the...like services. So, whatever, you know, services that you folks support in, you know, trying to be creative in potential funding shortfalls.

MS. CADIRAO: Right. I think one of the areas--and thank you for that question--that we want to look at too is, how can we mobilize and use volunteers where it's safe and...and...and recommended? So, that's one area I think that we're going to be exploring as we roll forward. I know we are...and it wasn't on my slide because it...but it does directly impact our kūpuna, is that the whole workforce, like I said earlier. So, looking at those creative ways where we can either learn from other best practices, maybe things that have been done in other jurisdictions, to see how we can get our...back to a service level where we're comfortable that we know we're supporting our older adults. Like I said earlier, we have the waitlists for adult daycare. We do have waitlists for other services and supports. We...for transportation, we are...I know the City & County of Honolulu is doing a pilot project right now, a creative--and again, that came out of...it's kind of similar to like a Uber or a Lyft but for older adults, just older adults--so they don't have to do the technology and all of that. So, there have . . .*(timer sounds)*. . . been creative ways that have come about that we're exploring.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Ms. Cadirao. Mahalo, Chair.

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

COUNCILMEMBER SUGIMURA: Thank you, Chair. This is such an important discussion. And on Maui, we see housing coming up right by Safeway in Kahului--I think it's Department of Human Services--but how involved are you? There's an...there's existing Tent City, and then next to that, there's a whole bunch of homes coming up. So, are you involved in that so that you can take care of kūpuna in need, or is that just separate?

MS. CADIRAO: That...and that's where--thanks for that question. We want to break down the silos. We really want to understand what's being done out there in the community so

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that we have a good understanding when our Aging and Disability Resource Center staff at all four counties get...get inquiries about housing and things like that, that we have the resources that we can provide them. It sounds like that maybe is a DHS HUD, but yet again--housing that's going up over there by Safeway--but again, that's something that we really need to have a better eye on so that we can...as we get inquiries, we can make the proper referrals for those types of programs.

COUNCILMEMBER SUGIMURA: Oh, good. So, you'll be involved in terms of the wraparound services, if needed. I think that was...that was the difficulties with the first Tent City that went up, so I hope that Office on Aging is somehow involved as it may be for those in need of...of those services. So, I'm glad to hear that because it's...it's slowly happening, the...the new location. Congregate meals--so, right next to my house is the Kula Community Center, so I've often visited and...and met with the seniors. And I do know that after COVID, it was...you know, it looked very quiet in relationship to the need. So, what kinds of services, or what kind of programs are you doing to bring the seniors back after COVID? Maybe even the wildfire might have affected that.

MS. CADIRAO: Yeah. And...and both, I think. I think both. And I...I don't want to speak specifically to...I'm not sure the exact issues for that...that location in Kula that you're speaking of. Can kind of speak again to that Statewide level of...

COUNCILMEMBER SUGIMURA: Please.

MS. CADIRAO: But I could...you know what? I could get back with you on that question, though, to find out, was it a staffing issue possibly? Maybe when they reopened the congregate site, maybe they didn't have the staff that they needed to make sure that they could serve the community. I'm not quite sure maybe what the...and I know, again, like we were talking earlier, it's hard to get them back engaged in the community. . . .(timer sounds). . . We are looking at what they call...this is actually in another county too, I'm sorry. I'm sorry it's not on Maui, but they are looking at a cafe model, which has been done successfully in rural areas on the continental United States, where they're trying to reframe what a congregate site looks like so that it's more appealing for people to come and have it more like a restaurant style. So, something that they're...one of our counties is exploring, and that they're going to pilot, and hopefully learn from that, and we can share it with all the other counties.

COUNCILMEMBER SUGIMURA: Oh, thank you. That's exciting. Let us know --

MS. CADIRAO: Yeah.

COUNCILMEMBER SUGIMURA: -- if we can help. Thank you.

MS. CADIRAO: . . .(laughing). . . Yeah, thank you.

CHAIR SINENCI: Mahalo. Mahalo, Member Sugimura. Next, we have Member U'u-Hodgins.

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COUNCILMEMBER U'U-HODGINS: Thank you, Chair. Thank you, Miss...Director Cadirao for your information that you shared with us and all your hard work. I...I can't imagine how difficult your job is. But I did want to talk about some of your...or some of your department's priorities, specifically relating to housing. So, do you guys partner with like Hale Makua to help promote, and push, and create more senior living housing like that?

MS. CADIRAO: Yeah. So, that would be actually with Hale Makua and Hale--what's the other one?--Hale Mahaolu.

COUNCILMEMBER U'U-HODGINS: Yeah.

MS. CADIRAO: I've...I've done work more around the long-term care space, not so much --

COUNCILMEMBER U'U-HODGINS: Okay.

MS. CADIRAO: -- the housing...so more of the services.

COUNCILMEMBER U'U-HODGINS: Okay.

MS. CADIRAO: But I think...you know, we're just starting to go down this road with my board on the housing issue and to really see. Because we know that...I just walk outside my office, and right on Hotel Street, we have so many homeless. And so, it's an area that is dear, I think, to most of my board members and myself. And how can we work with our local area agencies on aging, including Maui County Office on Aging, to see where we can support in that space, whether it's the wraparound services, whether it's a referral process that can help get people off the streets. We don't want to recreate, but we also --

COUNCILMEMBER U'U-HODGINS: Okay.

MS. CADIRAO: -- want to support what's going on in the community.

COUNCILMEMBER U'U-HODGINS: Okay. Thank you for that. And then another one of your priorities was health prevention and promotion. So, for Maui County--and Maui is better off than both Molokai and Lāna'i, so even more so for them--but we have a shortage of specialty doctors here. I know for our hospital, we don't even have somebody who does colonoscopies, and we're having general surgeons do it...which they're capable, but yet, it's not their specialty. And so, if you needed a specialty, you would have to fly to O'ahu. And I'm assuming for Lāna'i and Molokai, they have to do the same, or even come here. But how can we better provide access to those kinds of health services? Do we have...do we help with transportation, you know, for people on the neighbor islands, even for Maui County, our neighbor islands? And how can we provide transportation services, and even connection to specialty services?

MS. CADIRAO: I know. And thank you for that question because that's something...I've actually had long discussions with Maui County Office on Aging around that. Because

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we know that, especially for Molokai and Lānaʻi, that it's hard for them...because they do, they have to go to O'ahu, right?

COUNCILMEMBER U'U-HODGINS: Yeah.

MS. CADIRAO: And then the transportation for that is so...it's...

COUNCILMEMBER U'U-HODGINS: It's hard.

MS. CADIRAO: Yeah. It's hard.

COUNCILMEMBER U'U-HODGINS: Lodging is expensive, and sometimes people don't even know where to begin.

MS. CADIRAO: Right. So, we were looking at, could we support that . . .*(timer sounds)*. . . in one way, shape, or form? But it's still...like I'm...it's still in conversations, and something --

COUNCILMEMBER U'U-HODGINS: Okay.

MS. CADIRAO: -- that we really want to look at, though, because we know that that is a need. And if we need to change policy, ask for additional State funds to support that...because like you said, it's not just the airfare, it's --

COUNCILMEMBER U'U-HODGINS: Yeah.

MS. CADIRAO: -- the housing...I mean, the lodging. Because you're not going to get back in one day because there's only so many...a flight or two a day, right, that goes --

COUNCILMEMBER U'U-HODGINS: Yeah.

MS. CADIRAO: -- between.

COUNCILMEMBER U'U-HODGINS: And to your point, like I can barely drive on O'ahu, so I know my grandma can barely drive on O'ahu, and they're going to need somebody to go with, or they're going to need to organize transportation. You just mentioned how difficult it is for seniors to get around without Uber, so they need a...they need a support partner to go with, and even that's costly. But thank you so much. I heard my bell. Thank you, Chair.

MS. CADIRAO: But I'm so...I'm so glad you brought it up, though. I will take that back. . . .*(laughing)*. . .

COUNCILMEMBER U'U-HODGINS: Thank you so much.

MS. CADIRAO: Yeah.

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CHAIR SINENCI: Mahalo, Member U'u-Hodgins. I just had a follow-up question for you, Director Cadirao.

MS. CADIRAO: Um-hum.

CHAIR SINENCI: For those kūpuna that are currently on Medicaid or Medicare, are there other programs that the State...should they see a reduction...or in their healthcare, are there other State programs that they could apply for?

MS. CADIRAO: I know...that's a good question. So, I know for the Medicaid, my understanding--and again, this is in my brief understanding of this big bill, I'm just calling it the big bill--is that those 65 and older may be okay, but there's a work requirement for all older...or all adults up to the age of 64. So, our concern right now is, what's going to happen to those individuals ages 60 to 64, if they're not working--they may be caring for either their grandchildren, if they have grandchildren, and they're going to have to do this 80 hours of either work requirements or volunteer requirements in the community. So, we...we want to find out, one, how many people are we talking about in that age group? Because that's the age group that we support under the Older Americans Act and our...our State-funded programs, and find out, okay, if these individuals are required to work or to volunteer, could this be possibly an opportunity to assess where all our providers are currently at, those 57 providers we told you about, and could we make it a win-win for those individuals and for the providers that we currently work with? But we're going to...we just had a meeting last week about this, and we're going to be reaching out to DHS because we don't know how many people we're talking about in that catchment group. There are other...there's the Medicare Savings Program, but again, I think that's also Federally-funded, and I'm not sure if that's at risk also. But as these benefits are being reduced, we...we already know people are going to start calling both the Executive Office on Aging and our four county offices. So, we want to be able to come up with some kind of either--I don't want to say a script, that doesn't sound right--but be able to answer some of their basic questions, and...and have a pathway to support them somehow. But we're not sure, again, until we understand how many people we're talking about, and what their possible needs may be. Once we have a better assessment of that, we'll be able to kind of come up with a plan for that.

CHAIR SINENCI: Okay. Thank you for that, Director. You don't mind --

MS. CADIRAO: Yeah.

CHAIR SINENCI: -- if we...if our Staff sends just a follow-up letter for when you do get that information?

MS. CADIRAO: That'd be great, yes.

CHAIR SINENCI: Okay. Staff? Thank you. Okay. Members, I know...is there a need for a second round? I know Committee Vice-Chair had a...had another question, and then

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just raise your hand if you have any more questions for doctor...Director Cadirao. Go ahead, Member Johnson.

VICE-CHAIR JOHNSON: Thank you, Chair. Director, just one real quick question. You know, when was the last time you've been to Maui County, any of the islands?

MS. CADIRAO: I was there about...was it four or five months ago?

VICE-CHAIR JOHNSON: Which island?

MS. CADIRAO: Maui.

VICE-CHAIR JOHNSON: Okay.

MS. CADIRAO: I have not...I'm sorry, I will say I have not been to Lānaʻi, and I know I should. And Molokai, it was a while back when I was still in grants management. But I have been working with another attached agency here at the Department of Health, the State Health...I'm sorry, the State...SHPDA, the State Health Policy Development...I'm sorry, under Jack...Dr. Jack Lewin, our former Director of Health many moons ago. And he is really concerned about Molokai specifically, and just the breakdown with the healthcare system. So, he's been looking at how we can address that. So, we've been in discussions around that.

VICE-CHAIR JOHNSON: Well, Director, I'd like to personally invite you to Lānaʻi. I'm sure Councilman Rawlins-Fernandez would love to have you on her island as well. We...we need folks like you to come and look, and have the eyes on what's actually happening in our district.

MS. CADIRAO: Right.

VICE-CHAIR JOHNSON: Lānaʻi is overrepresented in kūpuna. We have an older population, and our services are bare bones, to say the least. So, love to invite you to come check it out. We can...I'll give you a tour. It's a small town, it won't take long. But thank you so much. And...

MS. CADIRAO: . . . *(laughing)* . . . I will take you up on your offer. I have new staff here too. And I told them I wanted them to go out and meet with all of our area agencies on aging throughout all the counties. So, maybe we can fold that into their visits too, and I'll come out with them when they go for the...for Maui.

VICE-CHAIR JOHNSON: Great. Okay. Thank you, Director. Thank you, Chair. No further questions.

MS. CADIRAO: Thank you.

CHAIR SINENCI: Okay. Members, any other questions for Director Cadirao? Seeing none. Again, mahalo for joining us and answering all of our questions. Thank you.

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MS. CADIRAO: Thank you so much for having me.

CHAIR SINENCI: And...oh, we have Member Sugimura, go ahead.

COUNCILMEMBER SUGIMURA: Yeah. So, before we say goodbye, and thank you very much, I wanted to ask you if I could get her contact information.

MS. CADIRAO: Oh, yes.

CHAIR SINENCI: She did have it on the last page.

MS. CADIRAO: I will put it...I'll put it in the chat --

COUNCILMEMBER SUGIMURA: Oh, okay.

MS. CADIRAO: -- too.

COUNCILMEMBER SUGIMURA: Sorry I missed it.

CHAIR SINENCI: She'll include it --

MS. CADIRAO: Yeah.

CHAIR SINENCI: -- in the chat.

COUNCILMEMBER SUGIMURA: Thank you.

MS. CADIRAO: It's okay.

CHAIR SINENCI: Okay. Members, are there any objections to deferring this item?

COUNCILMEMBERS VOICED NO OBJECTIONS (excused: TK).

ACTION: DEFER pending further discussion.

CHAIR SINENCI: Thank you, Members. Okay. For our next...we got a couple of doctors coming up for our next presentation. So, Members, if you don't mind, we'll take a 11-minute break, take our mid-morning break, and we'll be back at 10:15. With that, the WASSP Committee of Monday, July 21st, is now in recess. . . .(gavel). . .

RECESS: 10:04 a.m.

RECONVENE: 10:17 a.m.

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CHAIR SINENCI: . . .*(gavel)*. . . Aloha kakahiaka, and welcome back to the WASSP Committee meeting of Monday, July 21st, 2025. It's 10:17 a.m. Thank you, Members, for...for that short break.

ITEM 1(10): UPDATE ON MAUI WILDFIRE EXPOSURE COHORT STUDY
(Rule 7(B))

CHAIR SINENCI: Members, our second item is WASSP-1(10), and it's an update on Maui Wildfire Exposure Cohort Study. Last term during our February 20, 2024 Committee meeting, we first heard from Dr. Alike Maunakea and Dr. Ruben Juarez about the Maui Wildfire Exposure Cohort Study. Later that year, they returned to provide MauiWES initial findings, and on June 18, 2025, they released their latest report, "From Crisis to Recovery: Health and Resilience Two Years After the Maui Wildfires," which reveals the latest...the lasting health and social impacts of the August 2023 Maui wildfires. Now, Members, their report is number 1 on Granicus. So, today, Members, we've invited them to talk about their latest report. We've also...with us today Dr. Christopher Knightsbridge, who has been practicing at the Lahaina Certified Community Behavioral Health Center. And with that, I'll turn the floor over to them for their update.

MR. JUAREZ: Aloha and mahalo, Chair Sinenci and the WASSP Committee for inviting us back. This is the third time that we are here. And we are here on behalf of the Maui Wildfire Exposure Study to share progress and raise urgent issues we are seeing on the ground, as we mentioned. Just to recap, MauiWES began as a grassroots academic community partnership to track the health and social impacts of the Maui wildfires. We are based at the Lahaina Comprehensive Health Center, as well as at the Department of Health TB Clinic here in Wailuku, working directly with impacted residents to provide free health screenings, connect people to services, and deliver real-time data to decisionmakers like you. So, one of the huge updates is that, you know, we've enrolled over 2,000 adults and keiki for full screenings, including mental and physical health issues, one-on-one consults with medical and mental health providers. And some of the early outcomes that we...we have is that more than 825 participants follow up with their healthcare provider after participating in MauiWES; 760 made lifestyle changes based on their participation; and 320 access mental health services. Our cohort, as we showed last time, reflects the population of individuals affected, right, Maui's diversity, which includes Native Hawaiian, Pacific Islanders, Filipino, and other Asians, whites, and Hispanic residents. For those people who couldn't enroll in MauiWES, we launched what we call the Maui Health Registry. It is now live at mauiregistry.org. We'll...we'll have some flyers for you to hopefully share with your community members. But this platform supports passive health monitoring, referrals to mental health, as well as other services available, and long-term tracking with a capacity for over 5,000 affected residents. They don't need to come to the screening. They can just complete a simple online survey. And just to recap as well, last year when we came, we showed some of the main trends in the report that included elevated rates of mental and physical health conditions, persistent barriers to care, especially like access to health insurance for different groups of individuals like

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Hispanics, widespread housing instability, job loss, and food insecurity issues, as well as concerning environmental exposure levels to heavy metals and other environmental toxicants. This year, I'm happy to report that, you know, the last...last month data that we released, including some encouraging trends. So, for instance, we saw modest improvement of adult mental health, self-rated health, which is rising, that's good, as well as an uninsured rate cut by half thanks to Kaiser Permanente and community organizations who are supporting enrollment of participants into health programs. But, you know, unfortunately, major concerns remain. For the first time, we have data on children, and our data is equally concerning. We now show significant mental and physical health challenges, and many of these children are still struggling with trauma, access, and recovery. And I'm going to be sharing some of that today, as well as Dr. Knightsbridge is going to be talking about this at the end. But for instance, for adults, we see that up to 50 percent of participants show depressive symptoms, 26 percent have moderate to severe anxiety levels, and 4 percent have considered suicide on the past month. This is a significant increase from data we have pre-wildfire from the same Maui population. We also see high rates of PTSD, up to 39 percent of participants with mild symptoms, and 20 percent...I'm sorry, 8 percent with severe PTSD. One of the new data that we had not seen before is--and this is actually first time for any disaster cohort--is PTSD among children. So, up to 30 percent are showing mild PTSD symptoms, 11 percent show symptoms of PTSD, and 4...4 percent severe. Hispanic participants had the highest rate compared to other groups, actually. Depression in children is also equally concerning. More than 50 percent of participants show depressive symptoms, very similar to adults. What we are seeing is that those participants who come from a household where a parent have depression, the childrens [sic] also tend to have depression. One of the, you know, notable improvements from last year is that we are seeing that social support, meaning connection with community-based organizations, connection with your family members or...or friends, so those individuals who are seeing high levels of social support are getting better mental health outcomes. So, that can give us potentially an avenue to intervene. And in particular, for the Maui population, we are seeing that two in three participants in the study actually have high levels of social support, yet about one-third still have low levels.

MR. MAUNAKEA: Aloha mai kākou again. Thank you guys also for having us. It's really good to see everybody again. I'm going to continue providing some of the updates to the data. As many of you will remember, I'm the biomedical scientist on the team, so my lens is really on trying to understand the role of environment and gene interactions that underlie some of the health conditions that might emerge in the future. So, in this case, one of the issues that we have been concerned about in partnership with community organizations and those on the ground that have experienced...experienced the fires told us that they're concerned about are some of the trace contamination or environmental hazards that might remain post-disaster, that could be contributing to some of the issues that either acutely or might manifest in the long-term. One of them...I just wanted to highlight, some preliminary data that we've collected from our cohort so far includes heavy metal analysis. So, Department of Health had done an early screen of the types of heavy metals that might have been mobilized by the fires, including arsenic, lead, antimony, cobalt, and copper, for example, and they posted on their site levels exceeding sort of the normal environmental action levels that was implicated in the ash

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and the dust. And now that we know that some of that has been removed, there's still questions about remaining issues, re-exposures, but also that early exposure, and how that might manifest in some of these conditions that emerge later on. So, in our screening, we collected bio-specimens from participants on the ground. This is from six to nine months after the fires. Take...collected urine samples and ran them in our labs in a partnership with Columbia University, and we also focused on the...the lead heavy metals implicated in the ash and...and the...and the soil from the aftermath of the fires, but in addition, screened several others that...that could be of equal concern, and that's listed here. We found that about 20 percent of the participants in our cohort had higher levels of these heavy metals in different combinations. And we're...and we're now starting to see that there's some health implications related to the heavy metal exposures. And so, we're finding...for example, this is just one piece of the data showing that high levels of specific types of heavy metals in the urine samples are associated with poor lung function that we are screening for on the same day we collect the samples. So these are from participants, again, in our study, showing that higher levels--in this case, total arsenic--it relates to poor lung function. And that's from the acute exposures, but we're also looking at how this manifests long-term. So, we're just starting our follow-up one year later, collecting the baseline data to understand how this might relate to some of the health trajectories. For example, increased risk for cardiovascular disease or metabolic disorders, and in addition, diseases like cancer...because we know these toxins can have these potential risks to developing these types of chronic diseases later on. So, again, we're monitoring the situation on the ground now, and we're hoping to continue doing so because, you know, we're starting to see some hints of emerging symptoms that's related to potential exposures, but a lot of those don't manifest until, you know, down the line. So, we have to really be vigilant in continuing to monitor that situation, both on the ground, literally, in the environment, as well as in individuals that might be exposed to this early on. And this is just one example of how this could be manifesting. I mean, we...we're...one hypothesis that we have is that some of the industrial practices from our plantation era days might have left behind a lot of these soil contamination of heavy metals, as well as other forever chemicals that could have been mobilized during the fires that people would have been exposed to during the acute exposure to the fires, but also potentially repeated exposures during the recovery. So, again, we're trying to monitor the situation both on the ground, as well as individual exposures, to understand those health trajectories, and how we can be able to prevent those outcomes from manifesting by these early detection and screenings.

MR. KNIGHTSBRIDGE: Hello. Hi. My name is Dr. Chris Knightsbridge. So, I get to serve in a dual role. I'm very lucky and fortunate. I get to also...I get to practice in Lahaina at the Lahaina clinic, but I also get to work with Ruben and Alika on the MauiWES team. And so, it's...it's extra interesting, getting to see the data and all the numbers, that's one thing, but to actually see it match in real life, in practice, and validate our study is another. I wanted to very briefly...I know we're like on a time constraint. I want to very briefly try to introduce what the protocol is for those who don't know. So, basically, you'll have...a participant will come in, they'll get all of their...like they'll get their blood drawn, they'll get the urinalysis. Children, they don't like to get their blood drawn, so we don't...we don't...you know, we don't take their blood. Instead, they get a cheek

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swab. But after that, they go and they get a medical consultation with...with an MD right after that. And so, sometimes, what we're actually seeing--what makes this study, I think, very different from a lot--is on the spot like diagnosis of...I have some patients that I see now that came through the study where they had diabetes. They had no clue they had diabetes, and they...and they've had it for years and years. And so, it's...it's a great opportunity to not just gather data about toxic exposure, but to actually intervene, and give these people interventions. After they go through the medical consult, they come to me, and I do the mental health consults. Normally, the first question I just ask them in a room, in the safe environment is, hey, how are you doing? More than half the time...not exaggerating, more than half the time, they just break down and cry. They have not gotten to talk to anybody about their traumas ever since it began. So, I just wanted to point that out real quick. But...so, I'm going to be talking about the year two results of the adults, the kids, and then we've got some specific asks we're hoping that this Council can help us with. So, good news is, adults have found...we have small, but measurable improvements in mental health for adults. So, suicidal ideation decreased. It was cut by more than a third, from 3 percent to 2 percent. And that's still higher than pre-disaster levels at less than 1 percent, but remember, we don't just test them and let them leave. We follow-up, and we offer support and services. So, I think maybe that might be part of the reason for that increase. That's just my opinion. Unfortunately, bad news. Alarming rates of mental health issues among adult survivors. Half the participants showed depressive symptoms. This is, you know, two years on. 26 percent had moderate to severe levels of anxiety. So, that can look like you can't even function, you can't even work. Panic attacks, just being unable to function, essentially. 4.2 had considered active suicide in the past month. So, within mental health, we have passive and active suicidal ideation. Passive would be something like, I just...I can't take this anymore, I just want to go to sleep and not wake up. You know, I think a lot of us have maybe had some days like that in the past when things get really hard. Active suicidal ideation is like, I am planning to end my life. I'm collecting pills, I'm plotting specifically how I'm going to do it. So, that's why it's so important, when they come in here and they have this mental health consult, we offer them the resources to get the help. And so many have. Three, the rates of PTSD among survivors are still very high. You got 39 percent with mild symptoms, 19 percent with mid- to severe, and 8...and this is adults, yeah...8 percent with severe PTSD. Children, which is the most heartbreaking to see--and remember this too, this is the best-case scenario. The reason that these numbers are best-case scenario is because especially amongst children, they always underreport. They don't like to talk--well, any of us that grew up in Hawai'i, we don't like to talk about our problems, in general. We keep it to ourself, right? It's kind of like a cultural barrier to care we have here. But children severely underreport. So, even despite that, we have high rates of PTSD amongst children with like 30 percent mild symptoms, 11 percent mid- to severe symptoms, and 4 percent very severe, meaning you could pretty much diagnose them during the first visit. There is some discrepancies. Hispanics have the highest rate compared to other groups. And when we go with children, half showed...screened for depressive symptoms, 20 percent reported severe depressive symptoms...and this is children, so that goes into suicidality ideation. It could be passive or active. Again, they underreport, so the real numbers are probably higher. And 30 percent have high levels of anxiety. So, there's...I think as mentioned this, lots of cultural stigma. It's really hard to get them to come out and...and come in

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to treatment. So, we put in a lot of work, a lot of follow-ups to...to give all of our participants the best care that we possibly can. So, now we have some asks, please. So, the first one is, you guys heard about that Community Development Block Grant, that \$1.6 billion that's allocated to helping to rebuild Lahaina? Well, only 1.5 percent of that 1.6 billion is being allocated for public services--so that's not even social services--so I don't even know if any of that's going to go to actual healthcare. You can't rebuild Lahaina without, you know, some healthcare. So, if you guys have any sway, or you know anybody within that realm, and you can put some pressure on them to allocate more funding towards healthcare, that'd be greatly appreciated. There's a hazard mitigation plan. For some reason, they took out health and mental health, which we need to prioritize alongside housing and infrastructure. The committee intentionally decided to remove health as a priority for hazard mitigation. If you could reach out to them, inquire why this happened, maybe advocate for it not to happen, make them put this back on, that would be very useful. We have a Maui Health Registry. So, we have like 2,400 participants that we can reach out to individually and get them help. This...we want 5,000 fire-affected individuals to share their story on this Maui Registry. They get a \$20 Amazon gift card. We can send you guys some social media if you guys can disseminate it, or if you guys know anybody that wants to take it. Anybody that's fire-impacted qualifies. But again, this allows us to go out and help them more. Number three, sustain and expand our study. So, this is the largest post-disaster health study in Hawai'i, one of the largest in the nation. We are likely shutting down by October 2025 without renewed support. So, we're looking for partners. We'd appreciate the Committee supporting us and helping us expand services. I'm not sure if this Committee is like allowed to allocate funding directly, or if you guys have connections--maybe somebody knows Oprah, I don't know--you can...you can ask around. But as I said, we're not just a study. We actually do intervention, even though we're not funded for it. We do help the community. Real data is saving lives in real time, so let's not go dark. Main message, our participants are not data. They're our family, friends, kūpuna, community, aunties, uncles, and we care about them. Fund school-based, culturally-rooted mental health programs. I'm sorry?

UNIDENTIFIED SPEAKER: . . .(inaudible) . . .

MR. KNIGHTSBRIDGE: Okay. Sorry. Yeah. So, fund school-based, culturally-rooted mental health programs. All the studies show that like...especially with the Native Hawaiian, Pacific Islander populations, if you have...I mean, so I'm a doctor in psychology. The entirety of my study was all through like a western paradigm, right? But you come here...I mean, I can get away with it because I grew up here, so I kind of know some of the nuances. But like if you invest more into culturally-sensitive practices like ho'oponopono, getting people just like...you know, just back in...back into their roots, research shows that's way more effective. Finally, I would appreciate it if you guys can help promote or fund the community healthcare centers, like our Lahaina clinic...because we really are seeing, like miracles made. Like I've had patients that went through the pipeline of our study, became patients of mine. They started off not wanting to live anymore. Four months later, now they're out there doing yoga, eating salad, going to the beach...like being optimistic. It's...it's...it's quite amazing to see that, really, all it cares is...all that...all that you need is just somebody that listens to you,

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cares about you, and supports you, and that's what we want to continue doing with our study. So, any support is greatly appreciated. If you ever want to...if you have any extra questions--I know we do...like there's a question time after this--but if you guys ever have questions after that, if there's somebody watching, you just hit us up and we'll respond, yeah? Thank you very much. Did I go over my time? I did?

COUNCILMEMBER SUGIMURA: . . .*(laughing)*. . . We like your enthusiasm.

MR. KNIGHTSBRIDGE: Thank you.

CHAIR SINENCI: Was that your...that was the presentation?

MR. MAUNAKEA: Yeah, mahalo nui. So, we're happy to take any questions.

CHAIR SINENCI: Okay. Mahalo, and thank you, everyone, for that presentation. But before we begin our discussion, let's take testimony for WASSP-1(10). Staff?

MS. DEL CASTILLO: Chair, no one is currently signed up for testimony.

CHAIR SINENCI: I see Mr. Law.

MS. DEL CASTILLO: Oh, there we go.

. . . BEGIN PUBLIC TESTIMONY FOR WASSP-1(10). . .

MR. LAW: Jasee Law, Kula uka, Waiakoa ahupua'a. I missed the first part of the presentation, but I came in the part where you said there's a \$20 Amazon card for anybody that takes a survey that was affected by the fire. We did have a fire up in Kula, as you know, and what does affected mean? Can I get a \$20 gift card?

CHAIR SINENCI: Okay. Thank you, Mr. Law. Any questions for Mr. Law, Members? Seeing none. Our next testifier? This would be the time if you...if you wanted to share any mana'o on...on this item.

MS. DEL CASTILLO: Chair, there is no one currently signed up to testify.

CHAIR SINENCI: Did you want to provide testimony? Oh, okay. Okay. Members, seeing there are no more individuals wishing to testify...or you want to do a countdown first?

MS. DEL CASTILLO: Sure. If anyone would like to testify in the Chamber, please let the Staff know, or on Microsoft Teams, please raise your hand. This is the final call...three, two, one. Chair, it appears no one wishes to testify.

CHAIR SINENCI: Thank you. Members, are there any objections to closing oral testimony for WASSP-1(10)?

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COUNCILMEMBERS: No objections.

. . . END PUBLIC TESTIMONY FOR WASSP-1(10) . . .

CHAIR SINENCI: Thank you, Members. Okay. We'll now close public testimony for this item, and we'll open the floor for questions and comments. We'll go ahead and start with Committee Vice-Chair Johnson for your three minutes.

VICE-CHAIR JOHNSON: Okay. Thank you, Chair. Thank you, everyone, for joining us today. Your presentation was excellent. Of course, good presentations, I've got a lot of questions. That PTS stat really jumped out and surprised me. It's...it's amazing. So, can anyone take a urine test and get tested for the arsenic and those heavy metals? Can...because...how's that work for the testing?

MR. MAUNAKEA: That's a great question. It's...it's a little complicated of a test. It's actually quite expensive, the types of tests that we run, because we do more than just one specific heavy metal. It runs a huge panel of different types of chemical...potential chemical exposures all at once. It requires the sample to be taken in a really specific way as well, so it's a little tricky. We are working on a protocol, though, and we're actually...with our partners in toxicology and our family medicine practitioners, and hopefully that will be released...actually, we're planning to release that in the next month in a workshop to kind of explain to how...how, if there's any concerns about potential exposures to heavy metals, what can PCPs do, for example, and where can they go to get resources, and how can they get...if...and...and anyone raises that concern as an individual patient, what can they do about it, and how...and, you know, what kind of test that they can get? So, that's a...a little bit separate than the one that we provide here, but that's possible too, and so we're still, again, working on --

VICE-CHAIR JOHNSON: Okay.

MR. MAUNAKEA: -- getting that out there, so it's much more --

VICE-CHAIR JOHNSON: What symptoms...

MR. MAUNAKEA: -- accessible. Sorry.

VICE-CHAIR JOHNSON: What...oh, I'm sorry. What symptoms should the public be concerned about? Do you guys have specific symptoms?

MR. MAUNAKEA: Yeah. So, some of the concerns that we're seeing from those exposed from the fires, the most common are initially, from the six to nine months that we've sampled and, you know, screened individuals after the fires, were sort of skin and eye irritation, respiratory conditions, wheezing, like...you know, heaviness of breathing, trouble breathing, those types of concerns. And they tend to manifest in different ways too. So, people who had, for example, pre...pre-existing conditions, including sort of asthma, they tend to have exacerbated symptoms. And so, for those types of concerns, we're

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hoping that individuals, not only a part of the study, but we're trying to deploy this information broadly to the community that if you have these concerns, have been impacted by the fires, for example, and that's part of our registry, is that please, you know, go and see your PCP, that's the first line --

VICE-CHAIR JOHNSON: Okay.

MR. MAUNAKEA: -- and then make sure that you get like these screenings done, and diagnosed for any...if there is anything there to then get on treatment so that you can, you know, prevent long-term consequences of that. And that's what we're hoping that --

VICE-CHAIR JOHNSON: Okay.

MR. MAUNAKEA: -- we can message out there, but yeah.

VICE-CHAIR JOHNSON: Thank you. Good messaging. The effects on our children of some of this, the...the fact that they're dealing with all this, do...I often...you know, the term, the diseases of despair, like drug abuse . . .*(timer sounds)*. . . suicide, all those things, are we finding an increase in that? And I can wait if you guys...yeah, I guess I'll wait because it's a little bit more.

CHAIR SINENCI: You can...go ahead and answer --

VICE-CHAIR JOHNSON: Okay. Thank you, Chair.

CHAIR SINENCI: -- for this round.

MR. KNIGHTSBRIDGE: I can answer, or...

CHAIR SINENCI: Yeah. Go ahead.

MR. KNIGHTSBRIDGE: Okay. Yeah. So, a golden rule is if the parents aren't okay, the kids aren't okay. I mean, I also forgot to mention that studies show the...the...the worst of suicidality, PTSD, depression, anxiety post-disaster peaks at the two-year period. And...I mean, we're having this anniversary in a couple weeks, so it actually kind of is getting worse, and then it peaks, and then it's supposed to eventually taper off, but that's only if you get treatment. It kind of makes sense now because you're looking at two years, and now people aren't qualifying for FEMA housing anymore, and they don't know where they're going to go. And...like I can't afford the rent here, you know, like --

VICE-CHAIR JOHNSON: Yeah.

MR. KNIGHTSBRIDGE: -- who can? It's like...it's so ridiculously expensive. So, that is probably the primary stressor amongst most of my patients, and it always trickles down to the children. So...yeah.

VICE-CHAIR JOHNSON: Say that again, the primary one? Say...

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MR. KNIGHTSBRIDGE: The primary stressor amongst most of the patients I see right now is financial, trying to find out where are they going to live once their FEMA money expires. And that...that stress always trickles down to the children.

VICE-CHAIR JOHNSON: Thank you, Doctor. My time's up, but we have a very important bill coming up in our discussions about that particular issue on housing on Bill 9. So, thank you for your response. Thank you, Chair.

CHAIR SINENCI: Mahalo, Member Johnson. Next, we have Member Cook, followed by Chair Lee.

COUNCILMEMBER COOK: Thank you, Chair. My question's...very, very deep, emotional, meaningful presentation. Thank you very much. Doctor, Maui Mental Health, what...who...okay. Being in South Maui and not having the direct impact of the fire from either Lahaina or Kula, but having the sort of collateral repercussion impacts...housing, jobs. The issue that's coming up with Bill 9, this is based...striving to be solution-oriented, but in my district, it's causing a tremendous amount of anxiety, stress, fear. So, your services are restricted to the fire areas, correct? No?

MR. KNIGHTSBRIDGE: No. So, I work for...the acronym always blows my mind. I can never remember it. CCHBC [*sic*] is like Certified Community Behavioral Health Center. And in all my experience, it is like the most brilliant, amazing model of a healthcare clinic you can have. We turn away nobody. Everybody gets both a case manager and a therapist. So, the case managers will handle things like the FEMA housing and what do they qualify for; and then the therapist will, you know, do the therapy. You don't have to have been impacted by the fire in order to go and see...we have one in Kahului as well. So, anybody can go there, and I encourage them to just walk in or call, anybody that needs help.

COUNCILMEMBER COOK: Thank you. So...

MR. MAUNAKEA: Oh, and can I add something to clarify?

COUNCILMEMBER COOK: Yeah. Is that...is that information...if you could leave that with the Committee? Okay.

MR. MAUNAKEA: Yes.

COUNCILMEMBER COOK: And...yeah. And just...yeah. People...people that have reached out, and the fear factor, and the...and the anxiety is acute. So, I'm so grateful. And sir, I'm...

MR. MAUNAKEA: Yes, I just wanted to clarify, Councilmember, for you that in the cohort study itself, about 2,000, more than 2,000 participants, about 65 percent of them are directly impacted, displaced, as a result of the fires. The others are not displaced, but still

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affected in some way. So, yeah, we...we try to address some of the concerns that they might have as well at the same time. And it's reflected in the data.

COUNCILMEMBER COOK: Thank you. That's refreshing and appreciated. Thank you, Chair.

CHAIR SINENCI: Mahalo, Member Cook. Chair Lee, followed by Member Paltin.

COUNCILMEMBER LEE: Thank you. So, you said there are about 2,000 people who participated in the study, right? Okay. So, the other thing I was wondering about is, did you have this conversation with the Administration prior to the action plan that was established with the CDB...CDBG-DR funds? Did you have a conversation?

MR. JUAREZ: Absolutely, yeah. We have.

COUNCILMEMBER LEE: And how much did you ask for?

MR. JUAREZ: We had several conversations, several emails. We had even...

COUNCILMEMBER LEE: No, no, how much did you ask for?

MR. JUAREZ: I think we asked about \$500,000 a year.

COUNCILMEMBER LEE: 500,000 a year?

MR. JUAREZ: Correct.

COUNCILMEMBER LEE: For how many years?

MR. JUAREZ: For five years.

COUNCILMEMBER LEE: Four or five years?

MR. JUAREZ: Five years.

COUNCILMEMBER LEE: Five years. Okay.

MR. JUAREZ: And just to give you clarity, so like they basically told us there is nothing they can do at the time. We even...if you look at the feedback that was --

COUNCILMEMBER LEE: Yeah.

MR. JUAREZ: -- submitted--testimony, you know, in the CDBG community feedback--the second most important feedback was on health.

COUNCILMEMBER LEE: Okay.

MR. JUAREZ: That received a second...after housing, of course.

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COUNCILMEMBER LEE: I think we all understand that, and agree with you. The...the goal here is to figure out a way to help you. And so, to perhaps redefine some of the requirements that are allowed in the funding is one way, or find additional funds. It appears to me, as the doctor said, the psychologist said, that many of the problems stem from financial issues. And quite frankly, if you don't have money, you can't really afford housing. So, the idea is, how do we help them financially, and help you financially? And that's going to be one of our major, I think, priorities and tasks going forward. So, thank you, I appreciate it. I know that you gave...the...the presentation that you gave was something that you submitted in writing? Okay. I noticed, Doctor, you're going through your notes, and it didn't exactly follow what we were reading on the screen, so that's why I was asking that. Okay.

UNIDENTIFIED SPEAKER: . . .*(inaudible)*. . .

COUNCILMEMBER LEE: Okay. Thank you very much. Thank you, Chair.

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

COUNCILMEMBER PALTIN: Thank you. I was wondering who in the Administration you had spoken to...have you spoken to John Smith? He's the CDBG...CDBG-DR administrator.

MR. JUAREZ: Yeah. So, we had a couple of email exchange with John. We also had a meeting scheduled with him that he was no-show a couple of times. Yeah.

COUNCILMEMBER PALTIN: Oh, okay. And then also, have you reached out to Director Tsuhako with the Department of Human Concerns? I thought that there was some pot of money that hadn't all been allocated.

MR. JUAREZ: No, we haven't. So yeah, happy to...happy to reach out. Yeah.

COUNCILMEMBER PALTIN: Okay. Our time to allocate the money is before the fiscal year starts during the budget, so I'm not sure how helpful we would be at this point. But if the program goes dark in October 2025, is it possible to start it up again in July 2026?

MR. JUAREZ: Yeah. I mean, that is...that is a possibility. We're...we're still looking for like potential gap funding, so we have some applications right now with like Kaiser Permanente, Hawai'i Community Foundation to help us basically bridge this towards the next year. Yeah.

COUNCILMEMBER PALTIN: I did speak with a nonprofit organization that's been doing work in the burn zone that did know of other funders that were still holding onto the donations, and even collecting interest on them, so I can try and put you in touch with them as well.

MR. JUAREZ: Yeah, we'll appreciate it.

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COUNCILMEMBER PALTIN: I was wondering also if you folks had noticed any increase in ER visits for pregnant women, or any increase in premature births, infant mortality, or complicated deliveries?

MR. MAUNAKEA: That's a good question too. Mahalo. We haven't done a...it's more anecdotal. We have seen some cases emerging, unfortunately, amongst our cohort, and so we're still looking at the data right now, and trying to understand how pervasive it is, and how prevalent it would be. But yeah, there...so what is really personally concerning for me, because we know some of our community have higher risk for specific types of conditions--for example, cancer, certain types of cancer--and we're starting to see some clusters already emerge in our cohort. That was post...it was diagnosis post-fires. So, already, like two years after, it's starting to see like some of these conditions that typically would take 20 years to develop . . .(timer sounds). . . are already emerging. So, I think we're going to see a lot more of those types of things as we look more carefully at the data.

COUNCILMEMBER PALTIN: Okay. Thank you. That's my time. On...on my next round, I did have questions about correlation with the LA fires, and any connection to the After the Fire organization.

MR. MAUNAKEA: Yeah, we've actually been asked to help out with the LA fires because of the emerging data that we've been collecting. It has helped them inform what to look for, and how to collect, and what they should, you know, like monitor. As...as that plays out, a lot of very similar stories about the household toxins that remain as...in the aftermath, and some concerns from survivors returning to those sites, being exposed to that and how that might be playing out with some of the issues that they're seeing physically. So, yeah, very...it mirrors it pretty well in some senses. So, we've been helping to, you know, serve some of the protocols and inform like the best practices that they could collect so that we can kind of work together on some of the...what are the commonalities here that we can watch out for and then, you know, prevent some of the...or mitigate the risks going forward in the future.

COUNCILMEMBER PALTIN: Yeah. Some of the people that are getting their homes cleaned right now have been living in them this whole time. So, the smoke remediation is happening now, but they've been living in it for the last two years, so it's a lot.

MR. MAUNAKEA: Yeah. And...and I wish we could have more support for testing, and evaluating, and monitoring that situation as it unfolds because it's so haphazard, and it's case-by-case, and it's not system-wide.

COUNCILMEMBER PALTIN: And the insurance.

MR. MAUNAKEA: And it's sort of post-hoc, so then it's not really, you know, like a comprehensive understanding. Our study provides some glimpse into that because of the proactive nature of it, but if we were able to create sort of a better platform to like monitor not only the physical health that manifests from the fires, but also the

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environmental conditions in which, you know, people are living that might contribute to that condition so that we can be better prepared, right, for the next one, and hopefully, you know, be able to mitigate even a worse disaster than we had in terms of mortality as a result of the fires. So, hopefully we can, you know, take action here. I know like housing is really important, of course, and affordability of it, the financial side, is...is really a big barrier, but it's not going to...it's not going to only...you know, housing itself is not going to correct health. It's not going to improve health. So, we have to consider that as well, and provide that kind of support for a healthier community.

COUNCILMEMBER PALTIN: Thank you.

CHAIR SINENCI: Mahalo. Next, we have Member Rawlins-Fernandez. And mahalo for letting the discussion play out. Thank you.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Okay. Aloha, everyone. Mahalo for your presentation. So, I'm sorry if I missed it. I see on your second slide--oh, sorry, my minors just woke up and they're walking around--Hawai'i Community Foundation, Kaiser Permanente, National Institute on Minority Health and Health Disparities and State of Hawai'i. So, they provided the 500,000 for the first two years?

MR. JUAREZ: So, no. The...so, it cost us about \$1.5 million to do the study for 2,000 individuals per year. That...that's actually about...roughly about like \$700 per person. Just the medical testing that we do with Columbia University and a few other track is \$400 that it cost us. In addition, participants receive \$100 and, you know, staff, things like that, right? The...what is really important is that the National Institute of Health committed, for the next five years, \$500,000 a year to cover this, basically \$1.5 million, right? The...the State of Hawai'i initially basically funded the intake of the cohort, but right now, our funding from the State of Hawai'i is over, basically. So...so, right now, we are just with the National Institute of Health. We don't know what's going to happen with the funding, to be honest. But no matter what, this is only covering one-third of the study cost moving forward. So, I think for now, we are in conversations with Kaiser Permanente, Hawai'i Community Foundation, and others to potentially provide gap funding until hopefully the Federal Government is able to cover the cost. But, you know, the situation at the Federal Government, so...

COUNCILMEMBER RAWLINS-FERNANDEZ: So, the deficit is --

MR. JUAREZ: \$1 million.

COUNCILMEMBER RAWLINS-FERNANDEZ: -- 500,000?

MR. JUAREZ: \$1 million per year, yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh, okay. Okay. And then the other funders is...you're not sure how much?

MR. JUAREZ: Yeah.

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COUNCILMEMBER RAWLINS-FERNANDEZ: Or if they'll give right now?

MR. JUAREZ: Yeah. It's we're...yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: And the...the County hasn't given any funding in the first two years?

MR. JUAREZ: We have not received a single dollar from the Maui County.

COUNCILMEMBER RAWLINS-FERNANDEZ: All right. Did...did you folks talk with the Administration in the first two years about funding? Or you had enough funding, so you didn't ask?

MR. JUAREZ: Yeah, we had enough funding. We told them that, you know, the State of Hawai'i for the first year agreed to cover the cost of the study. And eventually, the goal was to transition to Federal and County . . .*(timer sounds)*. . . money. But yeah, basically...yeah, we haven't received anything from Maui County.

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh, just quick follow-up. So, the...the plan was to transition to Federal and County. Did the County know that?

MR. JUAREZ: Yes.

UNIDENTIFIED SPEAKER: That was part of . . .*(inaudible)*. . .

MR. JUAREZ: We...we --

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh.

MR. JUAREZ: -- we sent...we sent a request to the Mayor. We sent a request to...well, to the CDBG funding, Rec Office, things like that.

COUNCILMEMBER RAWLINS-FERNANDEZ: So...so, when you say transition to the...to Federal and County funding, that was the County saying that the County would support that County funding?

MR. JUAREZ: No, that was...that was the State basically saying, you know, we're going to give you money for one year, and then the goal for you guys is to sustain this thing long-term with other support, yeah.

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

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

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COUNCILMEMBER SUGIMURA: Thank you, Chair. This is so important. And I think what I'm left with, just like Member Rawlins-Fernandez, is the funding that you will need to continue. Because we certainly have a huge need, and appreciate what you're doing. So, have you talked to Governor? It sounds like just right up his alley, right? With...with his MD degree, and how he...and...yes? Is there a possibility?

MR. MAUNAKEA: Yeah, he is supportive of this. And we have talked to him and his...and his office to try to understand how we can sustain it, but also to expand it--not to just remain within the scope of the study, but expand it beyond that to make it a part of the response from the fires. But also...like in terms of how we build resilience against other future disasters is what we will need this kind of monitoring for the long-term and, you know, wraparound services that we can refer participants in those types of studies that show them that there could be some risks, that they can mitigate those risks by referring to care. And then also, especially in rural areas throughout the state, right, where there's similar issues. So, I think that there is a goal for us to work in better partnership with the State, as well as with the University of Hawai'i. And we're trying to understand how we can build more capacity for that. And there's several avenues that we're taking. The big, you know, uncertainty here is the Federal funding, and most of the...this type of research is really dependent on, but we're hoping that there's other avenues that we can think outside of the box, and to sustain these types of practices when it's not just about the research and the data, but actually providing a service at the same time. And it'll also be informative to, you know, policy. So, I think, yeah, we...we have a broader conversation that we can have with all of these agencies that have similar goals.

COUNCILMEMBER SUGIMURA: And such a big need. So, the...the Office of Recovery funds, which is CDBG-DR funds, right? So you're looking at that as a County source, although it did come from HUD even if...okay. So, I...I can't imagine why we would not support this because you're helping the people within, you know, the fire areas with the greatest needs, and, you know, the communities in general. So Chair, can we write a letter to Office of Recovery to show our support? Or can we do something that'll help?

CHAIR SINENCI: Staff?

COUNCILMEMBER SUGIMURA: I'm sure they must be listening to this meeting, you know. It's so important. Yeah?

CHAIR SINENCI: We got it.

COUNCILMEMBER SUGIMURA: Okay.

MR. MAUNAKEA: Mahalo.

COUNCILMEMBER SUGIMURA: Yeah, appreciate that. And...and we should send something to Governor Green thanking the...you know, the State for what they have done so far. But can they continue? And so, if you could let us know, you know, who that person would be within that...the State administration, a similar letter.

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UNIDENTIFIED SPEAKER: . . .*(inaudible)*. . .

COUNCILMEMBER SUGIMURA: Okay. And then the last thing I just want to ask...I love your enthusiasm, and your--Dr. Christopher Knightsbridge. . . .*(timer sounds)*. . . I just want to know where the facility is that people can walk in and get the help.

MR. KNIGHTSBRIDGE: Yeah, so there's two clinics I'm aware of. One is in Kahului, and it's, again, Certified Community Behavioral Health Center. And so, we got one in Lahaina, and we got one in Kahului. And the model is nobody gets turned away, everybody gets both a case manager and a therapist. You don't have to have insurance, it doesn't matter.

COUNCILMEMBER SUGIMURA: Wow.

MR. KNIGHTSBRIDGE: Like, they'll...they'll figure it out, you know? And so, that's why I really love it, and that's why I fly out every week. I live on O'ahu, I fly out every week to go to Lahaina and work there just because it's like the best place I've ever worked. There's like zero toxicity, everybody's in it for the cause. We all want to help Lahaina rebuild, so it's like really...it's cool. At the end of your day, it kind of fills your cup, whereas a lot of jobs, your cup's empty, you know? So, we love it. But yeah, please spread the word. There's a lot of people that we weren't able to reach that still need the help.

COUNCILMEMBER SUGIMURA: Thank you. So, I guess we can get the addresses, and we can post it on our social media in case people need help. Thank you very much.

CHAIR SINENCI: Mahalo, Member Sugimura. Next, we have member U'u-Hodgins.

COUNCILMEMBER U'U-HODGINS: Thank you, Chair. And thank you all so much for your presentation. Our last speaker, I'm sorry, I missed your name, Dr. Knightsbridge [sic]?

CHAIR SINENCI: Knightsbridge.

COUNCILMEMBER U'U-HODGINS: Can I...I'm sorry, Knightsbridge. Okay. Thank you. I love that you said that our...the Lahaina one has zero toxicity. I cannot imagine the emotional judo it would require for a whole bunch of professionals and their ability to be toxic. That is probably a level I couldn't understand. That's like a whole different specialty level. But I wanted to talk about the children, as you mentioned. It's...it must be such an odd thing. I don't know how we are advancing as a society where we acknowledge mental health issues, and yet our children still suffer from it, and don't acknowledge it. Why do you think that is? Like, we have more awareness now, more than ever, about mental health issues. So, how can we better communicate to our children that it's okay to open up and share? And what can we do to help normalize it?

MR. KNIGHTSBRIDGE: I think...my opinion is...like it has gotten better compared to like when I was a kid. Like...but there's still so many cultural variables that...like for one, the younger the child is, they don't have the vocabulary to express what they're feeling. Like, if you talk to a five-year-old --

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COUNCILMEMBER U‘U-HODGINS: Yeah.

MR. KNIGHTSBRIDGE: -- and you're like, hey, you got any anxiety? They'll look at you like, what are you talking, what's your...what, you know? So, for, like, the younger --

COUNCILMEMBER U‘U-HODGINS: Yeah, yeah.

MR. KNIGHTSBRIDGE: -- the younger you get with...for treatment, you do need more specialists that we can use things --

COUNCILMEMBER U‘U-HODGINS: Okay.

MR. KNIGHTSBRIDGE: -- like projectives, we call them, so they can draw pictures, and we try to like analyze themes --

COUNCILMEMBER U‘U-HODGINS: Okay.

MR. KNIGHTSBRIDGE: -- and all that kind of stuff. But a big...a big part, especially in Hawai'i, right, is like...so if you have a medical problem and you're a kid, and say you got like a little fever, and you tell your mom like...or mom or dad like, oh, I'm feeling sick, and then they feel your head, even if you're like even slightly warm, the reaction --

COUNCILMEMBER U‘U-HODGINS: Yeah.

MR. KNIGHTSBRIDGE: -- is normally like oh, my poor baby, are you okay?

COUNCILMEMBER U‘U-HODGINS: Of course.

MR. KNIGHTSBRIDGE: And then they give you that positive attention. But if like a kid was able --

COUNCILMEMBER U‘U-HODGINS: Yeah.

MR. KNIGHTSBRIDGE: -- to come out to the mom, depending on--there's cultural factors, right? But like a lot of them, and say, like, I am depressed, the reaction is, what do you have to be depressed about? You know, what, am I a bad mom? Like they take it personally and defensively. And so, all that has to happen --

COUNCILMEMBER U‘U-HODGINS: Sure.

MR. KNIGHTSBRIDGE: -- is once, and that kid is never talking to anybody about their mental health again, right? So, I think we do need a lot more...especially like trauma-informed care. We need like more speakers in the schools, and to...and to teach the teachers, and also teach the parents that it's...like it's okay, that mental illness is an illness. It's not just like something in your head, right? Like explaining --

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COUNCILMEMBER U'U-HODGINS: Sure.

MR. KNIGHTSBRIDGE: -- to them, so it's...like it's a literal kind of like neurochemical imbalance. Some say --

COUNCILMEMBER U'U-HODGINS: Absolutely.

MR. KNIGHTSBRIDGE: -- there's a bunch of it, right? So, that's what I would...that's what I would say.

COUNCILMEMBER U'U-HODGINS: So, in the beginning of the year--because I have four children, and I have to fill out . . . *(timer sounds)*. . . I wish I didn't need to do it, but it is what it is--all the...all of this paperwork that we will get in the beginning of the school year, and we will be getting it in the next few weeks when our children go back. Is there some sort of pamphlet you all can provide to the schools, and for the parents to read? Because again, we have to go through all of this paperwork that just at least like either lets us know as a parent like don't be dismissive? Because I mean, to be fair, everybody was told to either man up, walk it off, or something in some form or another. Even me as a...not a man. Or provide us resources, or our children resources, if sometimes we feel like maybe we are not the best person to help our child kind of go through something similar, but we can figure out like the Certified Community Behavioral Health Centers, and where to take our children to...so they can feel comfortable discussing it. Because not only that, but like as parents, we are doing the best we can. So, I can see how it might be a little...I don't want to say offensive, but sometimes hard to hear. And they might feel more comfortable talking to somebody who's not their parent. But maybe I was just wondering if you could get those pamphlets out at the beginning of the school year, or at some time during the school year. Thank you.

CHAIR SINENCI: Mahalo, Member U'u-Hodgins. Members, any need for a second round of questions? I know a couple of you had. Member Paltin, did...was your question answered? And then Chair Lee.

COUNCILMEMBER PALTIN: Yeah. Thank you.

CHAIR SINENCI: Chair Lee?

COUNCILMEMBER LEE: Member...Vice-Chair Sugimura brought up sending a letter to the Governor and Office of Recovery, but I think it'd be more helpful if we sent more than a letter of support, or asking for support. I think it'd be more helpful if we thought of some answers, some actual possible resolutions to give to the Administration and/or the Governor for them to think about, as opposed to not giving them anything. And...and as an example is...you know, are there any leftover Federal funds, you know, anywhere that can be used? Are there...is there a way to revise the...the action plan, as I said, to redefine some of the...like when you talk about infrastructure, did they...did they even try to consider human infrastructure? Did they ever try to connect the wellness of a person who would one day be able to afford a house? I mean, making those connections through definitions might be able to help us access more money, is

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what I'm saying. So, I think we just have to be more creative and...and try to give people actual suggestions that...that have a good chance of being...of...of being...of working, as opposed to, oh, can you please help us out? Because then we're not going to hear anything..just crickets, yeah. So, what we want is some positive action. And I think, you know, gentlemen, you are doing a great job. And...and obviously, you know, all of the Members support you. And...and now, we have to figure out how best can we actually make it concrete help, not just, you know, a pat on the shoulder. Thank you. If you have any suggestions along the lines, please let us know too. Because I know you've had a lot of conversations with the Administration and the Governor. And maybe, through those conversations, something triggered in your minds of maybe we missed...maybe we could do this differently, and let us know. Thank you.

CHAIR SINENCI: Mahalo, Chair Lee. We'll include some of that wording in the PAF. Staff? Okay. Anything...anything else?

MR. MAUNAKEA: No, I just want to say mahalo nui a pau pau. Thank you guys again for having us here, and the opportunity to share, and...yeah, and support the work going forward because, you know, we deeply care about our community. We're all from here. I'm from here. My grandmother was born and raised here. So, we want to see our community healthy and thriving. And I think we can build a better...you know, a more resilient future for our community by the actions that you take here today. So, mahalo nui a pau pau.

CHAIR SINENCI: Mahalo, Dr. Maunakea, Dr. Juarez, and Dr. Knightsbridge, for spending time with us today, and updating us on all of your important work. So, we'll look forward to continue working with you guys. Thank you. Members, without objections, we'll defer this item.

COUNCILMEMBERS VOICED NO OBJECTIONS (excused: TK).

ACTION: DEFER pending further discussion.

CHAIR SINENCI: Thank you. And then without objections, I'll take a quick five-minute break. We have one more item, Members, and then we'll just switch out our panels. With that, the WASSP Committee meeting is in recess until 11:18. . . .(gavel). . .

RECESS: 11:13 a.m.

RECONVENE: 11:20 a.m.

CHAIR SINENCI: . . .(gavel). . . Aloha kākou, and welcome back to the WASSP Committee meeting of Monday, July 21st, 2025. It is now 11:20. Thank you, Members, for that short break.

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ITEM 1(11): UPDATE ON IMMIGRANT SERVICE'S DIVISION PASSPORT SERVICES (Rule 7(B))

CHAIR SINENCI: Our...our last item today is WASSP-1(11), an Update on Immigrant Services Division's Passport Services. So, Members, last term, the Budget, Finance, and Economic Development Committee heard from the Department of Human Concerns about the creation of the Immigrant Services Division, United States Passport Application Acceptance Facility Revolving Fund. Members, the Revolving Fund would deposit passport application acceptance fees paid to the County. The Immigrant Services Division operates a United States Passport Application Acceptance Facility. And once the program covered startup costs, the Department would offer a photo-taking service, making it more convenient for applicants. And so, for an update on the passport photo service, I'll turn the floor over to Deputy Director Crouse for some introductions.

MS. CROUSE: Aloha, good morning, Chair and Councilmembers. Thank you so much for the opportunity to join you today. As Chair introduced, I'm joined with Hauanu, who's our Immigrant Services Program Coordinator, and the Passport Services Photo Program is the newest service to be offered by this division. So, very grateful for the chance to be here, share a little bit more with you all about this important work, and how it's benefiting our community. And with that said, I will hand it over to Hauanu.

MS. BERNADES: Good morning, Chair. Good morning, Councilmembers. Thank you for allowing me to be here today. My name is Hauanu Bernardes, and I am the Immigrant Services Program Coordinator. If you don't mind, I will go through just a brief PowerPoint presentation. I'm happy to share with you what our division's been accomplishing so far. First side...first slide, please. *(pause)* Thank you. So, adapting to serve our role today, although our division no longer provides Federally-defined legal immigration services--for example, filling out USCIS forms--we continue to support the immigrant community through nonlegal assistance, outreach, and referrals. We support our immigrant community with document navigation, offering trusted, culturally-sensitive assistance by providing access to accurate immigration services and updates. We refer clients to accredited legal resources, various consulates, and other critical support networks. We also maintain very deep connections with the clients that we serve and our community. And even without legal immigration preparation services, our division remains a vital, accessible, and responsive hub for the County's diverse immigrant population. Next slide, please. So, this shift has led us to deepen our nonlegal service offerings. And I wanted to just kind of give you a closer look at the kind of support that we now provide. So, a lot of immigrant communities need help with online system support. So, we help them create accounts, submit payments, update addresses, and navigate digital portals for immigration and public benefits. We schedule many appointments, and support them with documents through USCIS, their visa appointments, medical appointments that they need to immigrate to the United States, and always based upon the client needs that...that they need, we service them. We assist them with uploading important documents that are crucial to immigration processes and case progression. Lastly, immigration benefit support. They retrieve their I-94s, which is their entry documents into the United States, a FOIA, which

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is the Freedom of Information Act. In the events they lose documents, this is with...even with the Lahaina fires, when they lost documents, we assisted them with getting these documents recovered. IRS transcripts, Social Security appointments, submit case inquiries and communicate with USCIS, various U.S. embassies and consulates, and the National Visa Center to support benefit processing. Next slide, please. So, in the scope of our support continues, we also help individuals connect with broader resources and navigate complex systems. Some of them include passport services. So, this is not our U.S., but various citizens that reside in different countries, we help them with their U.S.--or excuse me, their passports, and also dual citizenship cases and various outreaches. Through education and outreach, we share timely updates, and help the community understand new immigration policies, rule changes, and procedures. And through community resources, we offer referrals to legal aid and nonprofit partners. We provide help with translations, job and school applications, and resumes. To ensure community continues to have access to essential legal services, we do manage key partnerships with organizations that specialize in immigration-related legal support. We oversee two...two grants, one with Pacific Gateway Center's Access to Legal Immigration Services Program, which refer clients for direct immigration legal assistance, including form preparation. And this grant is fully executed and active at the moment. We are also working with Maui Roots Reborn, a new grantee this fiscal year, to execute their Immigrant Rights Legal Aid Program, which empowers immigrants with knowledge of their constitutional rights, and provides tools, resources, and support to navigate interactions with law enforcement authorities. Next slide, please. Okay. So, one of the most impactful ways we've expanded our services is through our role as a U.S. passport acceptance facility, a key milestone for our division. Since launching our passport services in September 2024, we have accepted 468 U.S. passport applications, providing culturally-competent support to all Maui County residents, including newly naturalized citizens and immigrant families navigating the passport process. Our division is the only nonpostal passport acceptance facility on Maui, offering a community-based alternative to USPS. We accept appointments Monday through Friday from 7:45 to 4:30, making services highly available. And the Staff, we are formally trained and authorized by the U.S. Department of State to ensure accurate, compliant processing,, and are able to certify various Department of State forms. Clients share...have shared with us that they feel a genuine sense of welcome and comfort when visiting our office for passport services. The addition of this service has also increased visibility for our office. While we primarily use an appointment system to help manage the flow of clients and ensure everyone receives the time and attention they need, we also accommodate walk-ins and have already successfully assisted many in this way. Next slide, please. So, building on the success of our passport acceptance services, we've taken the next step to expand our service offerings by providing on-site passport photo services as of July 1st, 2025. This...this enhances our accessibility as a one-stop shop for passport photos and applications, improves convenience, efficiency, and client satisfaction, and it expands our equitable access to a critical Federal service in a nonintimidating community-based setting. Just wanted to mention as well, being a one true stop for accepting your photos and application, it has been very beneficial for our residents as far as transportation. We're right above the Social Security office, where many of our clients go to the Social Security office and stop by our office right after, and we use it vice versa as well. When they're in need of a Social Security number, they can pop right downstairs. We

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also face clients with different language barriers when trying to navigate government services, and very happy to say that we are an important office in that building. Next slide, please. So, with these improvements in place, we're now setting our sights on future goals that will continue to strengthen access and community engagement. We plan to actively promote our newly-launched passport photo service through community outreach events and press releases. By increasing public awareness, we aim to ensure more residents, especially those in underserved areas, know that they can access both passport photo and application services in one location, making the process more convenient and accessible. And with passports, it's not only about, you think, travel, but it's a very important document for citizenship...as evidence of U.S. citizenship. And to further expand access, we're exploring the feasibility of offering mobile passport services. This would allow us to serve residents in remote or transportation-limited areas, and support community events where demand for passport services may be high. We're evaluating operational logistics, staffing, and compliance requirements to determine the best approach. We are recognizing that many of our immigrant clients who are reunifying with family here in the U.S. face employment barriers, so we are partnering with workforce development agencies to host resume workshops, job readiness training, and possibly interview coaching, and will allow us to better support our community's economic integration. We also plan to develop visual guides, such as setting up USCIS accounts, checking case statuses, paying the immigrant fee, which can be very overwhelming for our clients. We aim to create easy-to-flow visual guides, flow charts, just to simplify these steps for them. These materials will be shared in office and online to help clients feel more confident and informed when navigating these essential processes. That will conclude my presentation, but I would like to thank you, Chair and Members, for your time and support as we continue to serve our community, and improve accessibility for our immigrants. Mahalo.

CHAIR SINENCI: Mahalo, Ms. Bernardes and Deputy Crouse, for that presentation. Before we go to discussion, Members, we'll take testimony on this item. Staff?

MS. DEL CASTILLO: Chair, there's currently no one who is signed up to testify. If somebody would like to testify in the Chamber, please let Staff know.

CHAIR SINENCI: We have one testifier.

MR. LAW: 576-78-7017. James Lawrence (*phonetic*). I can't tell you where I was born, but it was...I think it was the United States of America. My queen's...my friend's name was Lydia Lili'u Loloku Walania Kamaka'eha (*phonetic*). United States Government, if you come to the DRIP meetings tomorrow, Paltin will tell you the whole thing about how the Marines came off the USS Boston from this guy, John Stevens, and they illegally overthrew the Hawaiian government. So...it makes my brain hurt whenever they say United States, United States, United States. I wish the Royal House of Kamehameha would have said something before me. So, I'm an immigrant from the United States. And luckily, I didn't have to fill out a bunch of paperwork and stuff on a plane. And I was wondering, how do I apply to--I'll come to the office, but pretty much you guys are going to scratch your head and tell me you can't help me--is there a Kingdom of Hawai'i office? And if not, then how do I apply to become a citizen of Hawai'i? And especially...I

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need an address. So, I'm not sure how that works. That's why I'm saying, I'll try to come and check it out. But...so, my question, I guess, would be my clarifying question. And for Mr. Cook, he's...I think he's an immigrant here too. I don't know if he applied. Do you have to have an address like here to...like what...that would be one of the first questions they fill out on the paper is like where are they going to be staying, right? That's my clarifying question.

CHAIR SINENCI: Okay. Mahalo, Mr. Law. I believe there is a naturalization process you might have to...you might look into. Members, any questions for Mr. Law? Seeing none. Staff?

MS. DEL CASTILLO: If somebody would like to testify in the Chamber, please let the Staff know, or on Microsoft Teams, please raise your hand. This is the final call...three, two, one. Chair, it appears that nobody wishes to testify.

CHAIR SINENCI: Members, any objections to closing oral testimony for WASSP-1(11)?

COUNCILMEMBERS: No objections.

. . . END PUBLIC TESTIMONY FOR WASSP-1(11). . .

CHAIR SINENCI: Okay. Thank you, Members. We'll...we'll close public testimony for this item, and we'll open the floor for questions and comments for our panel this morning. Anybody with questions for...I see Member Paltin. Go ahead for your three minutes.

COUNCILMEMBER PALTIN: Thank you, Chair. Thank you, Ms. Bernades and Ms. Crouse. I was at the National Conference in Immigrant Committee [sic] talk. And, you know, they have given a lot of...more money in this Federal fiscal year to ICE, and that they are actively taking away some legally-here people's status...like attacks on the Violence Against Women Act, as well as...I think it's Medicaid for emergency hospital situations, and things like that, and that they may be ramping up operations across the country. And I was wondering if you have any policies or protections for immigrants that go into your location for these services, especially hearing that many ICE officials are not identifying themselves, or wearing masks, or how do you keep people from getting disappeared? We also heard that, you know, the...the people that had tried to take advantage of the \$1,000 self-deportation got all their belongings taken, and ended up in prisons in the middle of America. So, I was wondering like what kind of safety precautions are there in this current climate going forward for immigrants that are coming to your location to get services?

MS. BERNADES: Thank you, Member Paltin, for that question. Yes, we do have quite a few that do come by our office expressing their fear and anxiety with that. So, we do partner with Pacific Gateway Center, they offer their direct legal immigration service, but within that grant, there is also funds that are set aside to work with the legal clinic and Hawai'i Immigrant Justice Center. So, in the event someone does present their case in our office, we work with Pacific Gateway to access those services for them. For our Spanish-speaking community, we also refer them to Roots Reborn, right in Kahului. So,

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we have had that happen...actually, a couple last week where we did have to refer them to Roots Reborn.

COUNCILMEMBER PALTIN: Is there any policy that can prevent unidentified masked immigration officers, or people in general, from entering your facility with weapons?

MS. BERNADES: I don't believe there is a policy that upholds them from doing that. I know some of our . . .*(timer sounds)*. . . clients have expressed their concern, since we are a government entity, and they are coming to our office, but we do reassure them that we work with these various organizations that are able to assist them.

COUNCILMEMBER PALTIN: So, we can't like at least...at the least require that they identify themselves, and show like a warrant or something? We cannot do that?

MS. BERNADES: As far as I know, I don't think so. I can look into that, and provide you with a written statement, and get back to you on that, Member.

COUNCILMEMBER PALTIN: Thank you.

MS. BERNADES: You're welcome.

CHAIR SINENCI: Okay. Mahalo, Member Paltin. Members, just raise your hand if you have any questions for Ms. Bernardes. Vice-Chair Johnson, and then Member U'u-Hodgins.

VICE-CHAIR JOHNSON: Thank you, Chair. Good morning, Deputy Director Crouse. I appreciate you guys being here. Question is, can you remind us again why we don't give legal service again? It's only nonlegal?

MS. BERNADES: Thank you, Member, for that question. Yes. Back in 2021, I believe it was the end of 2021, Corporation Counsel had advised our Department that we could no longer provide the legal immigration service.

VICE-CHAIR JOHNSON: So, it was on the advice of...of County lawyers for that. It wasn't like a State bill or a Fed bill, it was just on the advice of our lawyers?

MS. BERNADES: Yes. That is correct.

VICE-CHAIR JOHNSON: Thank you. And I'm sorry, I didn't catch your name. I beg your pardon.

MS. BERNADES: My name is Hauanu Bernardes.

VICE-CHAIR JOHNSON: Bernardes?

MS. BERNADES: Yes.

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VICE-CHAIR JOHNSON: Ms. Bernardes? Okay. Thank you, Ms. Bernardes. So, I'm really appreciating you guys working with other nonprofits, Roots Reborn being one of them. Do you guys...when you say you work with them, do you have like a space for them that they can come give services to people? Or do you just say, here, you can go see them at their office? Or is it a little bit closer, or is it more like that?

MS. BERNADES: I would say yes. Well, Pacific Gateway Center, they do have an office located at the Cameron Center. That...so, when we refer clients there, we give them the address, phone number, and then we also work with contacting Pacific Gateway Center, letting them know that they will be on their way. But they do have office spaces where they have appointments. And then with Roots Reborn, yes, they also have office space as well. We have met with the grantees at our offices at the Department of Human Concerns. But typically, the clients will see them at their office locations.

VICE-CHAIR JOHNSON: So, do you...does the...does the Office of Human Concerns get a lot of walk-ups, or a lot of people knocking on your door for these types of services?

MS. BERNADES: Thank you for that question. Is that...are you speaking in regards to the legal immigration service working with the grantees?

VICE-CHAIR JOHNSON: Yes.

MS. BERNADES: Okay. Yes, every day. . . .*(laughing)*. . . I would say, yeah, every day, they're...they're knocking at our door just because of, you know, various concerns about green card renewals, naturalization --

VICE-CHAIR JOHNSON: Sure.

MS. BERNADES: -- processes, seeing the legal immigration processes through every single day. So, yes, to answer your question.

VICE-CHAIR JOHNSON: Great. Thank you so much for your responses. Thank you, Chair. I have no further questions.

CHAIR SINENCI: Mahalo, Member Johnson. Next, we have Member U'u-Hodgins.

COUNCILMEMBER U'U-HODGINS: Thank you, Chair. Thank you, ladies, for your presentation. I appreciate it. I'm wondering...maybe I missed it, but can you tell me the cost of the passport, and if you guys provide an expedited service? And can you tell me that immigration fee you mentioned?

MS. BERNADES: Sure. So, the immigrant fee, when a new immigrant comes into the U.S., it's \$235, and that's paid directly to USCIS, Department of Homeland Security. The fees for our U.S. passport for an adult passport book is \$130. A card for an adult is \$30. We do offer expedite service, which is \$60. And there's also one- to two-day delivery mailing back to the applicant, which is \$22.05. For minor U.S. passports, it's \$100 for their passport book. For their card, is \$15 for a passport card. And again, same...

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COUNCILMEMBER U'U-HODGINS: Can you tell me...can you tell me the difference between a book and a card? So, like I have a book, but when it comes to the importance for identification, is there some sort of weight placed on the book versus the card?

MS. BERNADES: Yes. So, the passport card is not valid for international air travel. The card is only valid for land and seaports, so access to Canada, Bermuda, Mexico, et cetera. So, not good for air, but it's good for an additional identification, it's credit card size in your wallet.

COUNCILMEMBER U'U-HODGINS: Oh, okay. Oh, okay. Okay, thank you. That's all from me, Chair. Thank you, ladies, for your presentation. I appreciate it.

CHAIR SINENCI: Mahalo, Member U'u-Hodgins. I had a question, Ms. Bernardes. So, if...if there...can DHS access their information if they're sending it in through the Department of Homeland Security?

MS. BERNADES: Thank you for your question. In regards to accessing information, just wanted...

CHAIR SINENCI: Like are...are...are the applicants' information like private, or it's...or I mean...

MS. BERNADES: For passports?

CHAIR SINENCI: Yeah.

MS. BERNADES: Okay. So, no. . . .*(laughing)*. . . We...use a passport application, and the information is not held in our office. It's sent directly to the Department of State. We are not authorized to keep any copies of any passport applications within our office.

CHAIR SINENCI: Okay. All right. Thank you for that. Members, any other questions for Ms. Bernardes? Okay. Seeing none. I know...Member Paltin, did...did you want us to maybe forward some of your questions that you...that you asked in your line of questioning?

COUNCILMEMBER PALTIN: I just think it would be great if we had a policy that no weapons could come into that center without like people identifying, you know, who they are kind of thing. I think that's a simple common sense policy, and we can take down their information and reason why they're coming in with weapons or, you know, even handcuffs or anything, zip ties. It...it seems like a very basic level of kind of protection of what we have heard from our counterparts across the country, of what is going on as people check in...people that are legally in the country check in for various paperwork situations.

CHAIR SINENCI: Okay. Staff?

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COUNCILMEMBER PALTIN: So, I don't know if that's an administrative rules type of thing, or what...or if we need to pass legislation that you got to identify yourself if you're coming into a government place with a weapon, or something like that.

CHAIR SINENCI: Okay. Staff, we got that? And then, Ms. Bernades, what about the J-6 [sic] instructors? They have legal status?

MS. BERNADES: Thank you for the question. Yes, we have had the J-1 visa holders come in --

CHAIR SINENCI: J-1.

MS. BERNADES: -- yeah, to our office, ask various questions, and we've assisted them, and gave them that sense of empathy and compassion. So, yes, they are.

CHAIR SINENCI: Okay. Thank you for that. Okay, Members, if we don't have any more questions for Ms. Bernades and Deputy Crouse, we'll mahalo them for coming and giving us the update on the...the photos application. Members, if there are no objections, I'll defer this item.

COUNCILMEMBERS VOICED NO OBJECTIONS (excused: TK).

ACTION: DEFER pending further discussion.

CHAIR SINENCI: Okay. Thank you. Mahalo, everybody. And mahalo for all your questions and comments, Members. Staff, is there anything else before we adjourn this meeting? We're okay? All right. Members, thank you for everything this morning. This concludes today's Water Authority, Social Services, and Parks Committee meeting. The time now is 11:47, and the WASSP Committee is now adjourned. . . .(gavel). . .

ADJOURN: 11:47 a.m.

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CERTIFICATION

I, Daniel Schoenbeck, hereby certify that pages 1 through 48 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 21st day of August 2025, in Wailuku, Hawai'i



Daniel Schoenbeck