

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE

Council of the County of Maui

MINUTES

February 20, 2024

Online via Teams

CONVENE: 9:07 a.m.

PRESENT: VOTING MEMBERS:

Councilmember Shane M. Sinenci, Chair
Councilmember Gabe Johnson, Vice-Chair
Councilmember Tom Cook, Member
Councilmember Tasha Kama, Member
Councilmember Alice L. Lee, Member
Councilmember Keani N.W. Rawlins-Fernandez, Member

EXCUSED: VOTING MEMBERS:

Councilmember Tamara Paltin, Member
Councilmember Yuki Lei L. Sugimura, Member
Councilmember Nohelani U'u-Hodgins, Member

STAFF:

Clarissa MacDonald Legislative Analyst
Jarret Pascual, Legislative Analyst
Carla Nakata, Legislative Attorney
Maria Leon, Committee Secretary
Lei Dinneen, Council Services Assistant Clerk
David M. Raatz, Director
Richelle Kawasaki, Deputy Director
Shelly Espeleta, Supervising Legislative Analyst

Additional Staff:

Executive Assistants to Councilmember Shane M. Sinenci

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WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

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Mavis Oliveira-Medeiros, Council Aide, East Maui District Office
Jade Rojas-Letisi, Council Aide, Makawao-Ha'ikū-Pā'ia District Office

ADMIN.: Andrew Nelson, Deputy Corporation Counsel, Department of the Corporation
Counsel (All)

OTHERS: Marisa Watanabe, Kealaho'imai Project Director, Hui No Ke Ola Pono (WASSP-1(13))
Selene LeGare, Human Services Program Coordinator, University of Hawai'i
Maui College Pono (WASSP-1(13))
Dr. Alike Maunakea, Associate Professor, John A. Burns School of Medicine,
University of Hawai'i (WASSP-1(14))
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(14))

Testifiers

Jasee Law (WASSP-1(13))

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

CHAIR SINENCI: . . .*(gavel)*. . . Aloha kakahiaka kākou and talofa lava. Welcome to the Water Authority, Social Services, and Parks Committee of Tuesday...meeting of Tuesday, February 20th, 2024. It is 9:07. I'm Shane Sinenci, your Committee Chair. And as a reminder for members of the public to please silence your cellphones or noisemaking

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

devices. Members, in accordance with the Sunshine Law, if you are not in the Council Chamber, please identify by name who, if anyone, is in the room, vehicle, workspace with you today. Minors do not need to be identified. Also please see the last page of the agenda for information on meeting connectivity. Joining us today we have Committee Vice-Chair Gabe Johnson. Aloha and talofa.

VICE-CHAIR JOHNSON: Talofa, Chair, Councilmembers, and community members. I'm here and ready to work. Mahalo.

CHAIR SINENCI: Thank you. Mahalo for being here. Next in the Chambers we have Councilmember Tom Cook. Aloha and talofa.

COUNCILMEMBER COOK: Aloha...aloha lava talofa [sic]. Aloha and good morning.

CHAIR SINENCI: Thank you. Online joining us we have Pro Tem Kama. Aloha and talofa.

COUNCILMEMBER KAMA: Aloha kakahiaka, Chair. And talofa to everyone else.

CHAIR SINENCI: We can't hear you, Pro Temp Kama.

COUNCILMEMBER KAMA: Okay. Can you hear me now, Chair?

CHAIR SINENCI: Oh. There you go.

COUNCILMEMBER KAMA: Okay. Well, good morning and talofa to everyone.

CHAIR SINENCI: Oh.

COUNCILMEMBER KAMA: Chair, I am in my workspace. I am alone. And I will need to --

CHAIR SINENCI: Staff, can we --

COUNCILMEMBER KAMA: -- leave around 11:00.

CHAIR SINENCI: -- can we unmute (*audio interference*) hear you. Sorry about that.

MS. MACDONALD: Chair, she's unmuted on our end.

CHAIR SINENCI: And it looks like your mic is...is on.

COUNCILMEMBER KAMA: Thank you.

CHAIR SINENCI: Oh, there you go.

COUNCILMEMBER KAMA: So --

CHAIR SINENCI: Go ahead.

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

COUNCILMEMBER KAMA: -- Member Rawlins-Fernandez...

CHAIR SINENCI: We can hear you now.

COUNCILMEMBER KAMA: Okay. For the third time that's the charm, good morning. Talofa to everyone. I am in my workspace, Chair, alone. And I need to leave by 11:00 for a doctor's appointment.

CHAIR SINENCI: Okay. *(audio interference)* joining us. I know you were feeling under the weather a little bit, so mahalo.

COUNCILMEMBER KAMA: Yeah. Still coughing.

CHAIR SINENCI: And then rounding up the bunch this morning is Council Chair Alice Lee. Aloha and talofa lava.

COUNCILMEMBER LEE: Aloha. Talofa lava, everyone. Looking forward to your meeting. Thank you.

CHAIR SINENCI: Thanks for being here. From the Administration we have Mr. Andrew Nelson of Corporation Counsel. Aloha and talofa.

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

CHAIR SINENCI: Oh, Keani is on? Oh. We'll go back to Member Rawlins-Fernandez. Aloha and talofa.

COUNCILMEMBER RAWLINS-FERNANDEZ: Aloha kakahiaka, Chair, mai Moloka'i nui a Hina. I'm at the Moloka'i District Office, alone on my side of the office, and we currently have no testifiers here at the district office. So, you couldn't hear Member Kama; I could, and you couldn't see me, but she could see me. So, I got you, Member Kama.

CHAIR SINENCI: Welcome back. Everything's all in disarray after we left on Friday. Hopefully we'll get...get into it in a little bit. For our Committee Staff members conducting this meeting, we have Ms. Maria Leon. Aloha. Talofa.

MS. LEON: Good morning, Chair. Good morning, Members.

CHAIR SINENCI: Good morning. Ms. Clarissa MacDonald, our Legislative Analyst. Aloha.

MS. MACDONALD: Aloha. Good morning, everyone.

CHAIR SINENCI: Good morning. Mr. Jarret Pascual. Aloha. Talofa.

MR. PASCUAL: Good morning, Chair. Good morning, Members.

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

CHAIR SINENCI: Also joining the meeting we have Ms. Carla Nakata. Aloha.

MS. NAKATA: Aloha, Chair and Members.

CHAIR SINENCI: As well as Ms. Lei Dinneen and Ms. Jean Pokipala. Aloha and talofa. Okay. Members, on today's agenda we have two Rule 7(B) items. They are WASSP-1(13), the University of Hawai'i Maui College Human Services Program Partnership with Kealaho'imai. And WASSP-1(14), Maui Wildfire Exposure Cohort Study. Members, without objections I will designate these panel members as resource persons under Rule 18(A) of the Rules of the Council because of their expertise. Ms. Selene LeGare is the Human Services Program Coordinator at the University of Hawai'i Maui College. And Ms. Marisa Watanabe is the Project Director for Hui No Ke Ola Pono's Kealaho'imai Workforce Training Department. Welcome, ladies.

COUNCILMEMBER RAWLINS-FERNANDEZ: No objections.

COUNCILMEMBERS VOICED NO OBJECTIONS

CHAIR SINENCI: And then for our second item--thank you--we have Dr. Alika Maunakea, Associate Professor of the John A. Burns School of Medicine at the University of Hawai'i. And Dr. Ruben Juarez, Hawai'i Medical Services Association Distinguished Endowed Professor, University of Hawai'i's Economic Research Organization and Economics Department, University of Hawai'i. As well as Ms. Nikima Glatt, Medical Director of Maui Medic Healers Hui. Okay. Staff, do we have anyone wishing to testify? Okay. I see someone coming down. Let me go ahead and read his welcome. Let's begin with public testimony. Oral testimony via phone or video conference will be accepted. In accordance with the Sunshine Law, the Chair will receive oral testimony for agenda items at the beginning of the meeting, as the item is being called up on the agenda. Testifiers wanting to provide video or audio testimony should sign up in the Chamber, join the online meeting via Teams link or call in 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 five to raise and lower your hand, and star six to mute and unmute. Staff will add names to the testifier list in the order...in the order testifiers sign up or raise their hands. And for those on Teams, Staff will lower your hand once your...your name is added. Staff will then enable your microphone and video and call the name you are logged in as under the last four digits of the 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 prior to the Committee's deliberation on each item. If you're still testifying beyond that time, I'll kindly ask you to complete your testimony. We ask that you state your full name and organization, but if you prefer to testify anonymously, Staff will identify and refer you...to you as a testifier and assign you a number. Please also indicate the agenda item or items you are testifying on. And then once you are done testifying, if you do not wish to testify, you can always view the meeting on Akakū Channel 53, Facebook Live, or mauicounty.us/agendas. Again, mahalo for your cooperation. Deocrum will be maintained at all times. So, Staff, can

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

you please call the first testifier?

MR. PASCUAL: Chair, there is one individual in the Chamber who is walking down to the podium.

CHAIR SINENCI: Aloha and good morning.

. . . BEGIN PUBLIC TESTIMONY AT BEGINNING OF MEETING . . .

MR. LAW: Aloha kakahiaka. Aloha kākou. Aloha, Akakū. Jasee Law. Mr. Sinenci, thank you for being here for the Water Authority, Social Services, and Parks Committee. And I got to suggest...oh and thank you for all the Staff for getting all the paperwork ready and stuff for this morning over the weekend. I have a point of order on the...on that reading stuff. If you could...maybe the Staff could just put like on a computer screen where they just click "I accept" or "I understand" and then save time. I know we got a full...you know, a lot of important stuff. Especially when we have a full agenda. Then you don't have to read all that stuff and you could just tell the part about...I mean that's up to you, but you could just say if anybody says any bad words, we're going to eject you out of here. And don't leave your bags in the lobby when you go to lunch. The Hawaiian word of the day is awaken and it...in 'Ōlelo it's ala hoala...hoala hia (ph.), and that's a good word for you coming back from Washington D.C., Mr. Chair, to the...and I yield the rest of my time to the Kānaka Maoli.

CHAIR SINENCI: Mahalo, Mr. Law. Members, any questions for the testifier this morning? Hoala ia (ph.).

. . . END PUBLIC TESTIMONY AT BEGINNING OF MEETING . . .

CHAIR SINENCI: Okay. Moving on to our first item.

ITEM 1(13): UNIVERSITY OF HAWAI'I MAUI COLLEGE HUMAN SERVICES PROGRAM PARTNERSHIP WITH KEALAHO'IMAI (Rule 7(B))

CHAIR SINENCI: Members, our first item is WASSP-1(13), the University of Hawai'i's Maui College Human Services Program Partnership with Kealaho'imai. This is an overview of the 2024 to 2026 Kealaho'imai Substance Abuse Counseling Certificate Cohort and how this partnership prepares students to enter healthcare professions on Maui. We've heard in previous WASSP meetings of the dire need to increase mental health services in Maui County, especially in the aftermath of the wildfires. Last week, while we were in Washington D.C. for the NACo Legislative Conference, we were able to meet with our Congressional delegation. This included Senator Schatz, who secured over \$17 million for Maui County mental health support after the fires. And US Representative Jill Tokuda, who is a member of the bipartisan Rural Health Caucus. Today is an

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

opportunity to see where the funding goes within our community and a chance to showcase the entities responding to our community needs. To help us understand how our community is working to expand services through training and support, we have with us as resources Ms. Selene LeGare, Human Services Program Coordinator at the University of Hawai'i Maui College. And before joining the faculty she held leadership roles on several workforce development grants. She has a masters degree in public health with a focus on family health. And has lived on Maui since 2008. We also have Ms. Marisa Watanabe, who has served as the Project Director for Hui No Ke Ola Pono's Kealaho'imai Workforce Training Department since its inception five years ago. She graduated from UH Manoa's masters in Public Administration Program with a focus on nonprofit management. So, ladies...okay. Mahalo for being here and please go ahead and share your presentation with all of us.

MS. LEGARE: Mahalo and good morning, everyone. Appreciate the Council having us here to share about our program. And I do have a short presentation just to kind of provide introduction here. We are lucky here in Maui to have the only human services associates degree program in the State. We do have partner programs at Leeward Community College, Hawai'i Community College, Honolulu CC, but we have the largest program in the State here, and we have six different specialization areas. So, substance abuse counseling is one of those areas, and that will be my focus for today. So, the substance abuse counseling certificates...oh. Oh, sorry. Thank you. The substance abuse counseling certificates, there's actually two of them, a level one and a level two certificate, and we're in the process of renaming them to reflect changes in the field. The current terminology is substance use disorder counseling now. These are academic certificates that help to prepare students for the professional certification from the Department of Health. And that professional certification is the CSAC, the Certified Substance Abuse Counselor, and that term hasn't changed. So, students can complete the level one certificate in two semesters; that's what the little dotted line between the second course and the third course are there. It's recommended to take two each semester. And if they're able to add on a third semester, they can complete the level two certificate. So, those two certificates together with the new addition of the case management course help to meet the updated requirements for the professional certification. And help students who don't have a bachelor's degree or a higher level degree basically shave a year off of the work requirements for that certification. And also meets the educational requirements for that certification, but they do need to take a test and meet the Department of Health's other requirements. And I was asked for a little bit more information about what students learn each semester, so this is a very brief overview of that. We have some core courses that teach our most in-demand skills in the human services field more broadly, and these are also in demand for substance abuse counseling. So, ethics and empathy, cultural humility and being able to develop a professional, effective relationship with a client with confidentiality and trust and healthy boundaries as well. And then being able to understand the client's context, the environment that they're in, their challenges and barriers, as well as their strengths and how they can build capacity. Then active listening skills, and I threw in some acronyms there, sorry, but stages of change. We also introduce students to some basics of motivational interviewing and cognitive behavioral therapy. Again this is very basic; these folks are not leaving as psychologists or therapists, but this is more the

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

paraprofessional level of counseling. We also introduce crisis counseling, the psychological first aid skills that were very in demand and continue to be in demand after the fires. In our group counseling course, we look at facilitation skills, group dynamics, creating group norms and goals, and helping folks in that group move forward and grow. And then in our case management course, we cover the entire sort of flow of a case from intake to assessment and service planning, and then some skills training based on clients' needs. Care coordination, a very in-demand skill in substance abuse counseling. And then being able to refer clients to other providers and other resources in our community. When we survey our local employers' knowledge of our local resources here in the community, along with ethics and communication skills, interpersonal skills, selfcare, and healthy boundaries are our top in-demand skills. So, folks really need to know our community. These are not positions that we can ship people in for. And they also need to know how to document their work, some computer skills, written communication skills. And then specialized skills for the substance abuse counseling certificates include the different categories or classes of drugs. So, stimulants, depressants, hallucinogens, and then the impacts of those substances on the individual, their family, and our community. So, I'm...as you heard, my background is in public health, so I'm very focused on prevention as well as intervention, and we also cover harm reduction. We actually have another faculty and some lecturers who are more specialized in this area, but in general we look at best practices, evidence-based practices for both prevention and intervention. And just a quick peek at our current students. We are down to 55 majors overall in human services. We could easily scale up by about 50 percent. We have had up to 85 students in the past. So, enrollment has been down overall, though programs that help with tuition costs dramatically increase our enrollment. I see enrollment go up double and even triple just within a week or two of offering tuition coverage through various grant programs, and we're able to do that. Our students are all above average, so you can see in that little graphic in the fine print there that our demographics are a lot different than our overall college demographics. So, our students do tend to be returning adults, 18 to 24, even 25 to 39, and 40 and over. So, it's about 20 percent, 40 percent, 40 percent. Our average age is 40. These are folks who are coming back into the field with a passion to serve others, to serve the community, to give back because the community and our social service agencies have helped them. So, they are also working adults. They have families. They have expenses. They are not able to go to school fulltime. The majority are able to take one or two classes per semester, which is why we have our curriculum setup so that they can take two classes at a time. And Marisa can speak to some adjustments we've made to make it even easier for folks to fit these courses in around their work schedules and their family schedules. And they often have more than one job. As you know, cost of living is a major challenge here. So, tuition costs, cost of living are the biggest barriers for folks to come into our program. And while the majority of clients in substance abuse counseling, specifically that specialization, tend to be male, the major of our students tend to be (*audio interference*). And compared to our overall population at the college, we have many more Native Hawaiians in our program. Over half of our program is Native Hawaiians. Another barrier to our program has been our application process at the college, which we have advocated to change, and that has just gotten easier. So, I have a graphic of that up here as well so we can capture some of this information about demographics from that application. And I had another

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

question about the types of positions that folks can qualify for with this certificate or with the associate's degree. And I took a look again...I look on a regular basis, but I took a look again at Indeed, and these are some positions that are currently posted. Program assistant is a very common position title for our graduates and our current students as well. Many of our students are actually working while...in the field while in school, and we do have two field work internship requirements in our certificate program for the substance abuse counseling and in our associate's degree, so it's two total to meet the Department of Health requirements for field hours. But our students are able to fulfill those requirements while they're in a job as long as they are learning...they have a learning plan so they can continue to advance in their field. We recognize that students cannot afford to take unpaid internships and...and time away for...that's kind of a luxury, an unpaid internship. So, folks again are...are working in some of these positions currently. They're upskilling. These are positions that they would be qualified for as well after leaving the program. And that is all I have for an intro, and I'm happy to answer some specific questions about the program.

CHAIR SINENCI: Okay. Mahalo, Ms. LeGare. Next, we'll go to Ms. Watanabe for some opening comments. Or you have a presentation as well? Okay.

MS. WATANABE: Aloha. Thank you for this opportunity to share about the work that we do at Kealaho'imai. I'm going to be covering our overall programs, one of which includes the substance abuse counseling certificate program in partnership with human services. So, Kealaho'imai is a Department of Hui No Ke Ola Pono, which is Maui's Native Hawaiian healthcare system. We sponsor free workforce training cohorts and academic preparation courses at UH Maui College to prepare adults for careers in the healthcare and wellness industries. Currently, we offer four programs of study, including massage therapy licensing, personal trainer and group fitness instructor certification, substance abuse counseling certificate, and a community health worker certificate, which is also under the Human Services Program. We also offer two academic preparation programs, including a TEAS exam prep course for pre-nursing students, and math and science courses...pre-math and science courses that commonly serve as prerequisites for a variety of health science degree programs, whether that's nursing or dental hygiene or if students are pursuing entering into degrees off island for physical therapy and medicine, occupational therapy, any health science field. Previously, we have also offered nurse aid certification and dental assisting certificate. So, Kealaho'imai is federally funded by the Department of Education through their Native Hawaiian Career and Technical Education Program. Our current grant award cycle is five years long, and we are in our third performance year. So, the goal of our grant is to serve 80 students annually. During our last performance year, we were able to serve 115 students. And so far during our current year we've served 93 and are on track to serve more. I was asked about our registration process. So, adults who reside in Maui County are eligible to apply for our programs. There are a variety of other specific eligibility requirements and application requirements based on the program of study. We typically have online applications open three months prior to the first day of class. We conduct interviews with applicants, make final selections, and offer them conditional offers of admission as long as they fulfill their onboarding requirements. I was asked about how many people usually sign up for these free programs, and our

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

applicant volumes vary by program. So, for example, our most recent massage therapy licensing cohort, we had 56 applicants and enrolled 11 students. For the personal trainer group fitness instructor, we had 26 applicants and enrolled 11 students. For the substance abuse counseling certificate, we had 50 applicants and enrolled for 14 seats. And for community health worker, we had 36 applicants for 10 seats. And for the other two academic prep course programs, we typically enroll a large majority of those who apply. Another question I was asked was about the completion rate for our programs. So, the aggregate data I have for our last performance year is 77 percent pass rate for course work. That's not exactly a total completion program rate, but I do have the breakdown by program. So, for the licensed massage therapy, we had 9 out of 11 complete. For personal trainer, for example, we had 7 out of 11 complete. Our first substance abuse counseling cohort--we're currently in our second cohort--we had only 4 out of the 10 original complete. We did enroll two more who were able to partially complete the program. For community health worker, we had 8 out of 10 complete. And for our TEAS prep for nursing, we had 19 out of 22. And for our health science academic preparation program, 28 out of 37. So, those are just the program completion rates for our latest cohort in those programs. And the last thing that I was asked about was how many of our students find related employment afterwards. So, for this one we report on whether the students continue in higher education and/or are employed after exiting the programs. So, the data I have on this for the last performance year are 28 percent continued in higher education to further their...their studies, whether it's an associate's degree program or something else. And then the total employment rate is 82 percent three months after exiting. And that breaks down to 36 percent attained new employment, 10 percent received a promotion, and 36 percent retained existing employment. I think that's all I have. Yeah, I'm happy to answer questions as well.

CHAIR SINENCI: Okay. Mahalo, Ms. Watanabe. Staff, before we go to questioning...questions, do we have anyone else wishing to testify?

MR. PASCUAL: Chair, there's no one signed up wishing to testify. And if you'd like I can provide a last call.

CHAIR SINENCI: Yes.

MR. PASCUAL: Okay. Chair, there's no one else wishing to testify, but if there's anyone out there in the Chamber or on Teams that would like to testify, please come up to the mic and begin your testimony or use the raise-your-hand function on Teams, and Staff will unmute you. And I'll provide a brief countdown. Three...two...one. Seeing none, Chair. No one else has indicated that they wish to testify.

CHAIR SINENCI: Members, without objections I'll now close public testimony for this item.

COUNCILMEMBER LEE: No objections.

COUNCILMEMBERS VOICED NO OBJECTIONS

. . . END PUBLIC TESTIMONY FOR ITEM 1(13) . . .

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

CHAIR SINENCI: Okay. Thank you. And we can go ahead and start with some...if you have any questions for our resources. Vice-Chair Johnson?

VICE-CHAIR JOHNSON: Thank you, Chair. And pardon me if I pronounce your name...is it Dr. LeGare?

MS. LEGARE: I'm not a doctor.

VICE-CHAIR JOHNSON: Okay.

MS. LEGARE: I just play one on TV.

VICE-CHAIR JOHNSON: Okay. So, Ms. LeGare, I have a question about the cycle of funding that you mentioned how when...when students are able to get that financial aid, then your enrollment goes up, but when they're not, obviously they don't. So, what...what is the cycle? Is like a FAFSA? Is it like in the fall everybody gets it but maybe not in September? Or if somebody jumps in midway through the year, does that put them behind because they don't get the financial aid?

MS. LEGARE: So, there are ongoing financial aid opportunities through the college. I'm actually less familiar with that. I would...I would defer to our financial aid experts there. What I was talking about is the grant funding that we're able to secure for specific courses or certificates. And that's often more accessible, quicker for students who are, you know, in the field and they're just interested in taking a course.

VICE-CHAIR JOHNSON: I see.

MS. LEGARE: They're not really seeing themselves as students --

VICE-CHAIR JOHNSON: Okay.

MS. LEGARE: -- launching an academic career.

VICE-CHAIR JOHNSON: Yeah, thanks for that clarification.

MS. LEGARE: Sure.

VICE-CHAIR JOHNSON: So, the other question...and I...I think it's just something that maybe you can have a comment on. I'm not sure what effects you have. But program assistants in State of Hawai'i average at 32,851 salary, and then the nurses aides, they...they average at \$35,731. These are low incomes for the cost of living for the State of Hawai'i. We just passed a free bus fare...free fare bus pass that anyone making less than 40 grand would be able to get a free bus pass. I mean these are the kids...these folks...the average age 40 would be able to...would be able to get into that, which really surprises me. Because you want...you know, you want to think of healthcare...as least

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

in my opinion, I always thought healthcare was you had a higher salary than say retail, higher salary than say restaurants. But in...in looking at these numbers just on the average, how do you bring in folks when the salaries are so low?

MS. LEGARE: That is a challenge and one that we've talking with employers about. And looking at the current position postings, I see exactly what you're seeing, an average of 15 to \$22 an hour. For Good Jobs Hawai'i funding, which is funding we got for our working with older adults course, our aging certificate last semester, the standard is \$20 an hour. So, some of our postings aren't even meeting that for an entry-level job. I do think this is an undervalued workforce and we need to pay them better. If you look at Department of Labor statistics for our program and for human services in general in the State, the majority of the positions out there are turnover, essentially they're replacement positions. So, whether that's people moving up in the organization or people moving out is unclear, but...and these are not new positions being created, they're . . .(timer sounds). . . turnover.

VICE-CHAIR JOHNSON: Okay. I...I...I was hoping maybe we could look at housing stipends or maybe...you know, cars are so expensive, you know, employee cars, company cars, those kinds of things. But there's so much to it and my time's up, so thank you for that. Thank you, Chair.

MS. LEGARE: Sure.

CHAIR SINENCI: Thank you, Member Johnson. We'll do a second round. Member Cook?

COUNCILMEMBER COOK: Thank you. My question would be for either one of you. Job placement, how much is it in the, like...does the State step up and...and higher or is it private employment?

MS. LEGARE: The majority of our graduates are working for Maui Behavioral Health Services. So, the...the tri-agencies. A lot of our students are getting positions while they're in internships. So, we don't have active job placement so much as active internship programs, field work programs that connect folks to employers and allow them to both kind of try things out, and a lot of folks continue working for that employer after the internship.

COUNCILMEMBER COOK: So, I was curious, is the State participating that much? It seems like the State Department of Health is always shorthanded and doesn't have too great a reputation. Are they...do they work with you?

MS. LEGARE: I do get a heads-up whenever there are job openings. We have a lot of active communication with State agencies as well as our private employers on that front.

COUNCILMEMBER COOK: Does the State provide intern opportunities?

MS. LEGARE: They do, and actually through the Department of Labor there have been some paid internship opportunities that have popped up. I haven't had any students take

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

advantage of that yet, primarily because the onboarding paperwork process was too slow to get them started in the internship in time for the semester to start. So, that's...that's a work in progress there.

COUNCILMEMBER COOK: Thank you. That's...that's all my questions now...for now, but I'm very happy with what you're doing. It's beneficial to the community.

CHAIR SINENCI: Mahalo, Member Cook. And just as a reminder, it looks like I just got an email from Representative Jill Tokuda. She's having a townhall meeting this Thursday at 5:30 p.m. at the...at the Maui College campus. And so she's inviting people to attend that townhall on Thursday...Thursday evening. Next, we have questions from Pro Temp Kama.

COUNCILMEMBER KAMA: Thank you, Chair. Can you hear me, Chair?

CHAIR SINENCI: Yes, we can hear you.

COUNCILMEMBER KAMA: Thank you. So, my question is for Ms. LeGare. What do...what do the interns get paid? How much do the interns get paid when they're interning?

MS. LEGARE: I don't know the answer to that. It varies, some are unpaid, some agencies are able to pay. My best guess would be that same starting salary that we see in the job postings, so 15 to \$22 an hour.

COUNCILMEMBER KAMA: So, do you...so at 15 to \$22 an hour, is that a livable wage you think?

MS. LEGARE: No. So, in addition to the Good Jobs Hawai'i standard, I like to look at the living wage calculator online specific to Maui and Kahului, your district, and they calculate a living wage here is \$29 an hour.

COUNCILMEMBER KAMA: So, we're...we're...we're advocating for...for healthcare workers in the healthcare industry; we're not paying them what they're worth. Do we really think that they're going to want to do this when they get out of school if...if that's all they're going to get paid and knowing that...I mean even...even if they're in school and they're trying to make a better life for themselves, and they end up...part of it is interning, right? That's part of your course work. So, if you're interning and you realize that you're not making a whole bunch of money here, maybe you're in the wrong industry. So, how do we get...how do we get our...how do we get to appreciate the people that we have by compensating them for the value that we believe they are worth?

MS. LEGARE: I think that's work that we do as a community.

COUNCILMEMBER KAMA: So, where would you suggest that begin? Would it begin at the college? I only ask because the college does a lot interning themselves, and I know how much the college pays their interns. So, it's hard to say we want to have really good healthcare workers, but we don't even pay them enough. I mean let's all be real here

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

because that's what we struggle with all the time that, you know, we...we want people to come work for the County, we want them to work for our healthcare, but if we're not paying them...so where does it all begin? How do we give these people what they really deserve?

MS. LEGARE: Yeah. And they are coming here because they're passionate about helping people. I think this is a systemic --

COUNCILMEMBER KAMA: Yeah.

MS. LEGARE: -- problem, and it needs a systemic response.

COUNCILMEMBER KAMA: And we're the system, right? We're the system. We should come up with those answers at the college. That's what I expect. Thank you, Chair.

MS. LEGARE: And --

COUNCILMEMBER KAMA: Thank you, Chair.

MS. LEGARE: -- with local...and if I can add on. With local employers and even with Federal funding streams because a lot of this work is funded through contracts that, you know, require a bachelor's degree, they set standards . . .*(timer sounds)*. . . for wages.

COUNCILMEMBER KAMA: Yeah. Thank you.

CHAIR SINENCI: Okay. Mahalo, Pro Temp Kama. Next, we'll go to Chair Lee for questions, and then Member Rawlins-Fernandez.

COUNCILMEMBER LEE: Good morning. Thank you for your presentation. Yes, I can see this is a challenge, but you know, we're here to help. And so it would be great for you to suggest to us how we can help you best. Rather not...rather than duplicating efforts. We can be very creative with what little money we have. But nevertheless we would like to help. So, rather than volunteer something that you already have in progress, how about you tell us what we can do for you? Okay. Thank you.

MS. LEGARE: I appreciate that very much. Mahalo.

CHAIR SINENCI: Mahalo, Chair Lee. Member Rawlins-Fernandez? Marisa, did you want to...oh, you're okay. Go ahead, Member Rawlins-Fernandez. Yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Aloha to our two personnel...resource personnel. Mahalo for your presentations and for the work that you're doing. As my colleagues noted already, this work is so important, so mahalo. I guess my...my first question is a clarifying one. So, the work is in partnership with Hui No Ke Ala Pono or it's...it's a program under it?

MS. WATANABE: It's a partnership. So, the Federal grant award has to be awarded to a

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

community-based agency that primarily serves Native Hawaiians, and it can't go directly to the college. So, Hui No Ke Ola Pono receives it and administers the funding. And in order to complement the programming and the classes, we do that through a partnership with UH Maui College. So, the actual courses are UH Maui College courses; it's just we're the sponsor. We make it free for the students, and we recruit the students, and we help to support them.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. So, the...it...when you say free for students, are you talking about tuition and books only or is there like a...also like a stipend for like living costs?

MS. WATANABE: It is just free and in terms of they don't have to pay tuition. We actually...instead of paying per student tuition, we sponsor the entire course costs, meaning we sponsor the cost of instruction, supplies. We provide the books. And then if there is a credentialing exam such as a massage therapy license or the CSAC certification, you know, we...we can at times assist with that as well, that fee.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Got it. Mahalo. It...is the program only offered through UHMC or is it offered through Sky Bridge to the Moloka'i branch?

MS. LEGARE: UHMC serves the entire Maui nui, so we offer all of these courses through Zoom in the evenings so they're more accessible to everyone.

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh, on Zoom. Great. Yeah, I guess you don't really need Sky Bridge anymore. Yeah. It's pretty obsolete now. Okay. Do you folks work with Na Puuwai on Moloka'i?

MS. LEGARE: *(audio interference)* do and Ka Hale Pomaikai as well.

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh, okay. Cool. What about the community health centers?

MS. LEGARE: We have in the past. We don't have any students currently interning there, but yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: But they know about the program and would welcome interns if there is space and someone to host them or manage? I don't know what it's called.

MS. LEGARE: *We (audio interference) interns in the community health worker track with the community health centers. Yeah.*

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Mahalo. Mahalo, Chair.

CHAIR SINENCI: Oh, mahalo, Member Rawlins-Fernandez. I...and I just have some follow-up questions. Are there entry-level positions available for students while they're taking these courses? An opportunity to place them...already place them in positions?

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

MS. LEGARE: There are, and I share job announcements. Like I said, I welcome job postings from all of our local employers, and I share those out with our students on a regular basis. So, some students will take advantage of that while they're first starting out, others will wait until their internships, others will wait until they graduate.

CHAIR SINENCI: Okay. Thank you. And then are you seeing hospitals and clinics, certain ones that are coming to these programs for...for their workforce? Do you have any evidence of the...of placing them at...at particular clinics and hospitals?

MS. LEGARE: Hospitals not so much; it's more our local agencies. And I apologize I misspoke before. It's Maui Behavioral Health and Resources is our primary employer for this area, substance abuse counseling. But we also work with other agencies for other specializations. Mana Recovery just is a new addition to our community. We've met with them. Hale Makua is a major employer for the folks who are working with older adults. Maui Family Support Services for youth. Yeah. Not so much the hospital.

CHAIR SINENCI: Okay. Thank you. And then, Marisa, you mentioned that there are some people that don't complete the program. Are there any specific reasons why they don't complete it or do you do screenings for applicants to kind of increase completion rates?

MS. WATANABE: Yes, we are always working on improving our selection process because we do want to make sure that the people that we select have a high likelihood of completing but also at the same time balancing the need to provide access to higher education to those who have some serious barriers. So, in terms of the last substance abuse counseling cohort and across all of our workforce training programs, oftentimes life events get in the way whether it's a death of a family member, loss of a job, just stress in general, health issues. Life events, you know, get...get in the way of the students being able to continue in the program. And like Selene mentioned, I wanted to kind of reiterate. A lot of...like all of our students are...are...not all but a majority are working, so majority of like the substance abuse counseling and community health worker students that we have, they're already working in the field. But these certifications are going to help upskill them, help them get a promotion, help them pursue even further education, see if they want to go into social work or something. So, yeah, and as far as the completion rates, there's...all the barriers to completing education apply to our students. But the one barrier that we do take away is the financial one. But again if they're stressed with employment or even...I think I remember one student, they received an employment promotion at work, but it was just very, very stressful. So, we've done some things with this next cohort to kind of hopefully increase the retention rate. So, I think the last cohort was done over a little bit more than a year. There were a couple of semesters that they had to take two courses per year. This cohort we lengthened it out to across a little bit more than two years, so they're only going to have to take one course per semester, and that's about kind of what we can see that some of the students can handle with all of their family obligations and their employment obligations. So, yeah, and with that as well we kind of pivoted towards this last cohort to be a little bit more selective in terms of ensuring that the students can complete by just looking at people who are already more so working in the field. And one of the

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

biggest barriers for the human services certificate cohorts that we sponsor are...are the field work hours. So, they have to do...is it like 200 hours per semester? And often that's unpaid, so they have to, you know, have a flexible employer or they have to be able to find a placement that, you know, offers evening or weekend hours. So, that's a challenge. So, in terms of, you know, we don't have enough funding through our grant award to offer them stipends for that. That is always helpful being able to fund the...the field work portion of the class. And I know a couple students definitely they got through most of the course work but not so much through the field work portion because they just couldn't make it fit in their schedule.

CHAIR SINENCI: Mahalo for that.

MS. LEGARE: If I can add on?

CHAIR SINENCI: Go ahead.

MS. LEGARE: I know we're running short of time. But we have also lost students because of their housing situation because they couldn't...they lost their current housing and they couldn't afford to find new housing, nothing was available to them. That's another major barrier as you know.

CHAIR SINENCI: Okay. Members, did you have any follow-up questions? We can go ahead and do a second round. Vice-Chair Johnson?

VICE-CHAIR JOHNSON: Thank you, Chair. Just to follow up on the idea of, you know, if they're...if some of the nurses aides that are making 35 a year but they're going for their RN, then there's light at the end of the tunnel as they say. So, do you guys track the career progress of these folks that are graduating your cohorts?

MS. WATANABE: So, we track them at six months, and we are working on that. We quite haven't been implementing the program long enough, but we're at the point where we are seeing students who started off in our CNA program, then went through some of our other academic prep course, our TEAS exam prep course for pre-nursing students. They did get into the nursing program. So, that's something that we are working on tracking. But definitely I think it's important to understand that with CNA, even with community health worker or substance abuse counseling, with the positions that, you know, they start at such a low level, there's always further education that they can pursue.

VICE-CHAIR JOHNSON: Right.

MS. WATANABE: So, that's kind of part of the goal of the CTE is, like, just getting students into higher education, getting them comfortable, getting them familiar with all the resources, and then hopefully, you know, they're successful and they're able to even further pursue whether it's a social work degree or clinical degrees. But that's, you know, also not something offered right here on Maui, so there's distance-learning programs. So, it is...you have to look at as like a ladder. And as far as the nurse aide students, we do see a lot of turnover. They are often just dipping their feet into the...the

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

field to see if that's a potential career for them. It helps them with their application into the nursing program. But the goal...usually most of the students we see, they...they want to go on and...and become an RN. And so a lot of the employers that we partner with are always saying we need to hire, we need to hire because they're just moving on or they're just focusing on school. As far as like home health, we see a lot of students gravitate towards that because sometimes it can be a little bit more flexible or higher pay or if they're working for private caregiving for a family, it can be a little bit more of a living wage. So...

VICE-CHAIR JOHNSON: Okay. Let me jump in real quick because you mentioned something and I'm...I'm on limited time. But basically you deal with public and private institutions where you're sending the interns.

MS. WATANABE: Yes.

VICE-CHAIR JOHNSON: Do you find a discrepancy in pay? Is the private guys paying more than the public or vice versa?

MS. WATANABE: It depends on the field. So --

VICE-CHAIR JOHNSON: Interesting.

MS. WATANABE: -- for example like massage therapy can be a very lucrative field if you're working in the spas. But if you're working at a different community level, maybe not so much. But a lot of the placements or the...the areas that . . .*(timer sounds)*. . . the students go to work at are nonprofits or like you said like the hospital or whatever. So, in general I think it's just lower pay. And it just depends on which program or study for us that you're looking at or which...which field. So, like again the massage therapists like that's a --

VICE-CHAIR JOHNSON: Oh, yeah.

MS. WATANABE: -- they can...they don't need further education; that's a very livable wage. But for CNA it's meant to be going into other fields. For the certified substance abuse counselors, they can make pretty okay wages, I'm not sure. But you know, just keep in mind these are not mental health clinicians, they're not psychologists --

VICE-CHAIR JOHNSON: Right.

MS. WATANABE: -- they're not licensed marriage and family therapists. They're not licensed clinical social workers. That requires graduate-level education, so.

VICE-CHAIR JOHNSON: Yeah. Of course. Thank you. Thank you, Chair.

CHAIR SINENCI: Mahalo...mahalo, Vice-Chair Johnson. Any other questions for our panelists? I have...I have one question.

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

COUNCILMEMBER KAMA: Chair?

CHAIR SINENCI: Oh, Pro Temp Kama, go ahead.

COUNCILMEMBER KAMA: Thank you, Chair. So, I think...this question is for Ms. LeGare again. So, you know, according to the slide you shared with us that 55 percent of the students are Native Hawaiian. Is that correct? And then the majority of the students at the college, 65 percent of them, are female. And that 80 percent of these are part-timers. So, my question is does the college have...does the college provide incentives or...or subsidizes or supports these college students? Because when I look at the age, right, 40 years is the average. These are either parents and have children in school, they're mothers who probably have childcare issues. That's why maybe they don't go to school or unable to. And so I'm just trying to figure out if we're trying to increase our healthcare industry and we're looking at the women in our community, what kind of supports is that woman getting to be able to further her education so that she can make a better living for herself and her family? If in fact what you said about most of your clients are male. So, if the women are in college and...and the guys are off doing something else, how do we help this family? Because it's not...not just this woman in college, but it's her children that she has to take care of too. So, does the college have any kind of incentives or programs or supplements or whatever to be able to help sustain these students?

MS. LEGARE: Sorry about that. We have services on campus, and that's something that I have advocated for, for our students. The challenge...the challenge is always scale. And meeting people's needs in the evenings especially since the majority of our college students are a different demographic than the folks in our program. So, how we have met that need in our program is by offering courses through Zoom to make things more flexible so people can be at home with their families while they're taking courses.

COUNCILMEMBER KAMA: But the college doesn't offer any other (*audio interference*) subsidies or incentives or support?

MS. LEGARE: We do have a (*audio interference*) on campus. I'm not aware of any subsidies for folks out in the community. We have a basic needs website to help people connect to community resources. But I could get back to you . . .(*timer sounds*). . . on that.

COUNCILMEMBER KAMA: Okay. Thank you. Thank you, Chair.

CHAIR SINENCI: Mahalo, Pro Temp Kama. Any other questions? Just following up on Pro Temp Kama's line of questioning. Are students able to access other I guess maybe professional careers within the...the university system or just those courses that are offered within your specific program?

MS. LEGARE: They can access courses on other campuses. And another critical piece of our program is that we do have that associate's degree to help people go on. Like Marisa said, after they're, you know, more comfortable in a college environment, they can go on to get that associate's degree as a stepping stone to a bachelor's degree, and there is a

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

distance learning program with Manoa. The first few years of their distance bachelor's of social work program, the majority or I think half...a third to a half of their students were from our campus. So, we've actively sent folks on to that distance learning program.

CHAIR SINENCI: Okay. And then are mental health services covered by people's personal insurance?

MS. LEGARE: That one is beyond my scope. I know there are parity laws. We do have personal support counseling available on campus, which may speak to Councilmember Kama's question as well. We do have free counseling services available through those personal support counselors.

CHAIR SINENCI: Okay. And...and then has the programs been pivoted to accommodate any of the Lahaina or Kula victims to the fires?

MS. LEGARE: We have some of those students in our courses right now. This skillset is essential. Like I mentioned, our introductory counseling skills, our crisis counseling skills are essentially what is involved in psychological first aid, the same skill set. We are more focused on meeting long-term needs for our community. Our...these skills can't be easily delivered in a just-on-time training. You can get the basics, but we're more focused on getting these skills out in our community for ongoing needs.

CHAIR SINENCI: Okay. Thank you for that. Any other need for a third round? Okay. Some great questions, Members. Thank you. Again, we wanted to mahalo both Ms. LeGare and Ms. Watanabe for joining us and for their expertise. Again, Thursday night, Maui community townhall with Jill Tokuda, who's part of the Rural Health Caucus. And it'll be in the Paina Building on the UH campus from 5:30 to 6:30. So, maybe that would be another to...to request some of those funding for incentives and those types of things. So, again mahalo for joining us today and to...for presenting your programs. Okay. Staff, do I...Members, I'll now defer this item without objections.

VICE-CHAIR JOHNSON: No objections, Chair.

CHAIR SINENCI: Okay. Great. Thank you.

COUNCILMEMBER KAMA: No objections, Chair.

COUNCILMEMBERS VOICED NO OBJECTIONS (excused: TP, YLS, and NUH).

ACTION: DEFER pending further discussion.

CHAIR SINENCI: And then we will take a quick ten-minute break for our next item. It is 10:18, we'll...10:08, we'll come back at 10:18. . . .(gavel). . .

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

RECESS: 10:08 a.m.

RECONVENE: 10:22 a.m.

CHAIR SINENCI: . . .*(gavel)*. . . Aloha and talofa lava and welcome back to the WASSP Committee of Tuesday, February 20th, 2024.

ITEM 1(14): MAUI WILDFIRE EXPOSURE COHORT STUDY (Rule 7(B))

CHAIR SINENCI: Moving on to our second item, Members. WASSP-1(14), Maui Wildfire Exposure Cohort Study. Members, this study is an important comprehensive study designed to help us understand and address the health and social impacts of the August fires. This morning we will learn how the data collected during this study will be used to help our residents, who are helping to fund this study, including local nonprofits. And hopefully we can learn how the study can be used to improve overall Native Hawaiian health. It is imperative that strong community participation is inclusive to ensure the study's success. I look forward to learning about the efforts to increase community awareness and how we as Councilmembers can help raise awareness now and how we can help to ensure that the study's mitigation recommendations are implemented. We have with us today Dr. Ruben Juarez. I hope I'm saying that right. A study principal investigator. He is the HMSA Distinguished Endowed Professor in Health Economics at the University of Hawai'i Economic Research Organization and the [sic] Economics Department at UH Manoa. As Director of the Pacific Alliance against COVID-19 and the Director of UHERO Rapid Survey Project, he has built a long-term study involving over 2,000 Hawai'i residents along with over a dozen other cohort studies to address the health and wellbeing of Hawai'i's populations. Dr. Juarez is co-leading the MauiWES study and is responsible for spearheading participant recruitment, shaping behavioral metrics, and overseeing all aspects of data collection and analyses. Especially focusing on minorities, immigrants, and underserved populations. Dr. Alike Maunakea is also a principal investigator and a Native Hawaiian professor and director at UH Manoa's John A. Burns School of Medicine. Specializing in health disparities and epigenetics. He is the driving force behind numerous NIH funded research projects focused on health issues prevalent in Hawai'i such as diabetes and cancer, many of which are cohort studies compromising over 30,000 residents throughout Hawai'i nei. Dr. Maunakea is co-leading the MauiWES project and will manage the collection and analysis of biomedical samples for the study and support the recruitment engagement with participants and dissemination strategies. With that I would like to welcome both Dr. Juarez and Dr. Maunakea and to go ahead for some opening comments or to share their presentation. Aloha and welcome.

MR. MAUNAKEA: Aloha mai kākou. Can you all hear me?

CHAIR SINENCI: Yes, we could hear you.

MR. MAUNAKEA: All right. I'm trying to share my screen, so I hope it works. Can you see the presentation on the screen?

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

MR. JUAREZ: Yes, we can, Alika.

MR. MAUNAKEA: All right. So, it's all good? Very good. Great. Mahalo. Aloha mai kākou. Mahalo, Councilmembers, for making the time for us to be here and to share our work with you today and discuss how we can strategically support your communities in recovering from the wildfires by monitoring environmental exposures and health among those affected. This work involves multidisciplinary approaches and cohort studies where Dr. Ruben Juarez and I have been...and along with many other partners and collaborators, including community organizations beyond the University of Hawai'i have been engaged in with various communities across the State. We just list a few examples here ranging from projects to address COVID-19 as you heard, to chronic conditions such as diabetes, and have in total engaged over 50,000 individuals in health and research with federally-qualified health centers, schools, and various community-based organizations. As you know, the recent wildfires on Maui left behind a tragic wake of challenges our communities continue to face. We know hundreds of lives were lost, thousands of people were displaced, and damages to property and the environment have been devastating. Now while there are many areas of Maui affected shown here in red on the left, zooming in on the right, Lahaina shows how diverse this population is, which highlights unique needs and barriers to care. In addition to our Native Hawaiian and Filipino population, there's a much higher Hispanic and Latino population per capita and immigrants...the immigrant residents in any other part of the State. Each of these populations will have varying degrees of risk for short and long-term health conditions because of the fire...wildfires, and we currently don't know the full extent of that. Now, from data collected after the tragic events of 9/11 and the California wildfires, for example, we can expect that individuals impacted by the wildfires are likely to experience short and long-term health conditions, including some of these listed here. We call this...well, and as I mentioned and as you know, that this diverse population I described earlier already suffer from higher risks than the overall State populations to chronic conditions. We call this health disparities, which is what I dedicated my life to resolve. My personal conviction to better understand and address these health disparities comes from being raised by my great-grandmother Kapuna Katherine Maunakea, who herself was born in Kula and wrote the song Aloha Lahaina. As a native healer, a Kahuna a . lapa'au, our legacy continues in us as health researchers working with community partners to help and assess and monitor the health and wellbeing of those impacted by the wildfires now and into...and over the long-term. And to do that we initiated the Maui Wildfire Exposure Study or MauiWES to recruit a cohort a thousand adults affected by the wildfires. Our aim is to assess the social and health impacts. This involves collecting both social and biomedical data with annual follow-ups with each participant as illustrated here. We anticipate data collection over 10 years to evaluate the long-term impact such as cancer risk, which is contingent on funding. And we are very grateful to start the first phase of this work with funding from the Hawai'i Community Foundation from the Maui Strong Fund. We are continuing data gathering events this month where we invite adult residents on Maui who have been affected by the wildfires and plan to remain residents for the foreseeable future to complete a comprehensive survey and biomonitoring assessments annually over at least the next five years. In addition to some of these data listed here such as food security,

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

social support, et cetera, we ask participants of this cohort permission to collect their biospecimens, which include urine, saliva, and a bit of blood, which will be used to measure biological indicators of stress response, inflammation, and environmental toxins such as heavy metals they may have been exposed to. From the blood samples we also a point-of-care tests to determine whether a participant may...may be at risk for a medical emergency and refer them to care as needed. We also give participants a simple health exam, which includes an assessment of lung, cardiovascular, metabolic, and mental health. And ask them permission to release their medical records so we can determine cancer risk. Now, as a small mahalo for participating, each cohort member is given \$100 per collection. And this work is unique; it's likely to be the most comprehensive study to evaluate short and long-term health to date following a natural disaster in the State. But I want to emphasize here that it's not just a research study; in fact we feel strongly that the health-related data we collect from participants are shared with them and the community overall. In this way we provide a critical service. I mentioned that the results of the study...the results of the health exams are shared with each participant on the spot. And in addition to that, we intend to share the test results of the biospecimens as we collect them, which is going to take a longer time to complete. But to facilitate this data sharing, we built a wildfire exposure data dashboard system that allows each participant to securely access their own personal data along with a summary of any the anonymized data we have collected from the total overall. We provide a list of relevant community services and providers they can follow up with. We also have a scientific and community advisory board that will help us vet information on this platform for accessibility and clarity because we all share common values of rigorous and valid data, data access, transparency, and reciprocity. We anticipate that this data can be combined with other data being collected around the environment and health so we have a better picture of the aftermath of the wildfires and how to best inform practices and policies in a way that enables our community members to stay safe and healthy over this long road to recovery. Now, this is just an example of a data portal with information we provided for another study with a community partner, which has been useful to them to help their communities and taking care of their health. Oops. Okay. You can learn more about MauiWES at this URL, where eligible participants can sign up. We currently have about 450 participants already enrolled in the cohort. Participants must be adults 18 or over, have resided or worked in the areas affected by the wildfires, so this can be in Lahaina, Kula or Upcountry. Planning to continue living on Maui for at least the next five years and will be willing to participate in the annual follow-ups. This week we'll be at the Royal Lahaina Hotel and Lahaina Civic Center and working on another venue on Sunday. So, again we would appreciate the Committee here to help us spread the word for participation. We would like to share some of the initial findings from the Maui Wildfire Exposure Cohort Study that we jut posted a few weeks ago on our UHERO website indicated here. This is just a summary of some of the impacts; it's not comprehensive at this...at this point but just initial preliminary data showing that the majority, about 65 percent of the participants that we currently have enrolled, are in temporary homes, 11 percent have moved into permanent homes. The wildfires...most of them, about 58 percent of those participants have lost their jobs. Currently over half have found employment, but 24 percent are still jobless and searching. And in...in addition, about 74 percent report a drop in their household incomes from the previous year. We also found that almost half of the participants said

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

that their health is now worse than last year, this is prior to the wildfires. And surprisingly we also see a number of individuals, about 24 percent, that report that they don't have steady access to medical care, with 13 percent reporting that they don't have health insurance, which is much higher than last year's survey. But Maui residents were only 1.7 percent reported being uninsured, which was similar to what we see overall at the State at 1.2 percent, which is largely because of jobs lost and those individuals don't qualify for...for healthcare coverage. We also see high depression rates, much higher than last year prior to the wildfires, and in particular on Maui about 55 percent of the cohort participants exhibited depressive symptoms. This is again much higher than what we've seen last year at 33 percent of the population statewide and also on Maui. We see similar rates of high levels of depressive symptoms, which is not unexpected, including self-esteem and...and...and anxiety. About 20 percent of the cohort participants showed high blood pressure at the stage of...at the level of stage one and stage two hypertension. About 55 percent at pre-hyper tensive levels, indicating about 76 percent of the participants are at elevated risk for cardiovascular disease. We also see with initial biomarker testing about 8 to 10...8 to 18 percent of participants may have compromised kidney function. In addition to that, about up to 74 percent of participants might be experiencing poor respiratory health, with at least half of them exhibiting symptoms of mild to severe lung obstruction. So, this is what we found very concerning. Again this is preliminary data, and we're still in the middle of recruitment towards our target goal of 1,000 participants. So, we're starting to share this information as wide as possible. Our next event is this weekend starting on Friday and Saturday again at the Royal Lahaina Resort and the Lahaina Civic Center. We are working on another venue on Sunday and really also would appreciate the Committee's advice and guidance here on offering other venues, in particular in public places close to community that we can actually provide this kind of service. And mahalo nui for...for your attention. I would also like to thank our partners listed here and take any questions you might have. Mahalo nui.

MR. JUAREZ: . . .*(inaudible)*. . .

CHAIR SINENCI: Mahalo . . .*(inaudible)*. . . Yeah, go ahead.

MR. JUAREZ: I just want to add one thing. Alika, can you go to the previous slide, please?

MR. MAUNAKEA: Oh, sorry.

MR. JUAREZ: Yeah.

MR. MAUNAKEA: Sure. Which slide? This one?

UNIDENTIFIED SPEAKER: Yeah.

MR. JUAREZ: So, again so we're going to be there on Friday, Saturday, and Sunday. I think something that has been misconception of the community is that currently we are welcoming all adults in Maui who have been near any burn zones for any reason at any point. So, it's important to emphasize that symptoms related to the wildfires might not

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

appear right now even for those currently feeling healthy. So, therefore we are encouraging everyone who is symptomatic or not to enroll in MauiWES. This long-term study includes yearly checkups, but entry is restricted right now at the initial phase. And then the benefits for participating, so it's you get \$100 cash, you get rapid test results on the day that you do the study. You get education and empowerment in the care of your health so you can go on, continue with your doctor with the information that we provide. And more importantly we...you know, you're going to feel good about contributing valuable information that will help direct resources to where community needs are. Mahalo.

CHAIR SINENCI: Thank you, Dr. Juarez. Okay. Before we go to...mahalo for that. Before we go to our questions, Staff, is there anyone wishing to testify on this item?

. . . BEGIN PUBLIC TESTIMONY FOR ITEM 1(14) . . .

MR. PASCUAL: Chair, there's currently no individuals signed up to testify, and if you'd like, I can do a last call.

CHAIR SINENCI: Yes, please.

MR. PASCUAL: Okay. Chair, there is currently no one else signed up to testify. Please come up to the podium or raise your hand on Teams if you would like to provide testimony. The countdown is three...two...one. Seeing none, Chair. No one else has indicated that they wish to testify.

CHAIR SINENCI: Okay. Thank you. Without objections, Members, I'll close public testimony. Okay. Thank you.

COUNCILMEMBER KAMA: No objections, Chair.

COUNCILMEMBERS VOICED NO OBJECTIONS

. . . END PUBLIC TESTIMONY FOR ITEM 1(14) . . .

CHAIR SINENCI: Okay. And then, Member Johnson, I know we have a couple Members that need to leave soon. You mind if I go to Pro Temp Kama before her appointment?

COUNCILMEMBER KAMA: Thank you, Chair. Thank you, Members. So, Miss...Dr. Maunakea, I just wanted to ask, I couldn't find what the total number of participants were in the study. So, do you have that number?

MR. MAUNAKEA: So, so far we have enrolled 450 participants currently. For the report that was about six months after the August wildfires, at that time we had about 224 participants enrolled. So, that data was a summary from...from that cohort.

COUNCILMEMBER KAMA: So, this summary is the...the...the information from the first 224?

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

MR. MAUNAKEA: Yes.

COUNCILMEMBER KAMA: And we're now...so...and then as of maybe yesterday, you had a total of 450 participants?

MR. MAUNAKEA: Yes.

COUNCILMEMBER KAMA: And how often are you going to continue to either increase the participants...because now you're asking for not just people who were actually impacted by it but those that may have visited, gone through, drove, whatever, in...in some aspect were impacted in any way, shape or form. You're asking now for others to participate. So, how...how soon do you think that you're going to be able to have a summary of that once you get that together?

MR. MAUNAKEA: We expect to be for...with this weekend completed, another 150 participants potentially, maybe more. We're hoping to get to push for more. So, once we get that completed, actually it will be more than 500, which is our target. Our target goal is 1,000 --

COUNCILMEMBER KAMA: Yeah.

MR. MAUNAKEA: -- total, so it's more than halfway our target goal. So, we're hoping to put together a report of the halfway point of the participants there. And so far I can tell you the trends that we saw from the first, you know, 25 percent of participants so far, it looks pretty similar. So, I think we can expect to see, you know, still high rates of those that might have presenting with respiratory conditions and high blood pressure and things like that as well.

COUNCILMEMBER KAMA: So, with...with all of this information that you're going to be gathering, I can see already that we have a lot of health needs that will need to be met if not today, tomorrow.

MR. MAUNAKEA: Yeah.

COUNCILMEMBER KAMA: And knowing that some of the people in the study didn't even have health insurance, the healthcare, and most people if they don't have it they won't go to the doctor --

MR. MAUNAKEA: Right.

COUNCILMEMBER KAMA: -- or they won't seek help. Are there plans to be able to assist the people with some type of future medical support?

MR. MAUNAKEA: Yeah, for sure. We have provided some of that. Like, Ruben, do you want to mention that?

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

MR. JUAREZ: Yeah. So, like every...every...this is actually particularly for some of the population that I'm particularly close to, which is the Hispanic population, right, which is heavily uninsured in...in Maui as...as you probably know. So, we...every participant that comes to the study is refer to either their healthcare provider if they have one just with a paper sheet that says, these are the results of today, you should take this to your provider. Or if they don't have insurance, which is about 10 percent of the people that come and see us. . .*timer sounds*. . .we are sending them to...to basically someone who...who don't...take patients without insurance based in Lahaina. Yeah. It's Doctors Without Borders, actually. And they can...they can treat them basically.

MR. MAUNAKEA: But I think your question is really pointed, Member Kama, because we're not only seeing people now but potentially future events similarly that they will face. And I think with the...with what see in terms of the capacity currently available on Maui, it's definitely going to have to be expanded in order to account for all of those, you know, survivors that are going to face health problems now and into the future. So, we're concerned about that. Especially pulmonology care where that's --

COUNCILMEMBER KAMA: Yeah.

MR. MAUNAKEA: -- very, you know --

COUNCILMEMBER KAMA: Yeah, the lungs.

MR. MAUNAKEA: -- little --

COUNCILMEMBER KAMA: Yeah.

MR. MAUNAKEA: -- very little support right now and . . .*(inaudible)*. . .

COUNCILMEMBER KAMA: So, but...but my also...but my other concern was, you know at the time of the...the bombings of the Marshall Islands, the females were impacted in terms of their pregnancies and their...their stillborns and...and those kinds of things. So, will you be looking for those kinds of things too?

MR. MAUNAKEA: We can. Our *(audio interference)*. Oops. Our participants, it's open enrollment to those that, you know...it's not restricted to pregnant women, for example, and we have actually seen a few. So, we...we are going to be monitoring that in our cohort. So, we'll...you know, that's going to be part of the report. But I think the...going forward, you know, we are hoping to expand our cohort to include more individuals in the study and especially children that have been impacted too. Right now it's restricted to adults. There's a bill right now in the State Leg, HB 2805, which will...is a bill that will help to expand the cohort to 2,000 participants so that we are able to enroll children and first responders and volunteers that are a part of the cleanup so that we can, you know, also monitor the health situation with a broader, you know, broader representation of the community.

COUNCILMEMBER KAMA: Oh, thank you so much. I...I appreciate your response to...to my

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

questions and the others. So, the bill was H 2...HB 8205 [sic]?

MR. MAUNAKEA: Yes. That's right.

COUNCILMEMBER KAMA: Okay. Okay.

MR. MAUNAKEA: 285...HB 2805, right?

COUNCILMEMBER KAMA: Yes.

MR. MAUNAKEA: Yeah.

COUNCILMEMBER KAMA: Thank you. Thank you, Chair.

CHAIR SINENCI: Okay. Mahalo, Pro Temp (*audio interference*). Next, we'll go to Vice-Chair Johnson. Go ahead.

VICE-CHAIR JOHNSON: Okay. Thank you, Chair. Thank you, Dr. Maunakea and Dr. Juarez, for your work on this. This is really important work that you're doing. The stat that jumped out to me was...and correct if I'm wrong, it was 74 percent of folks are dealing with lung issues. And I...I...I was told there aren't any pulmonologists on the island of Maui, and then I did a quick Google search, it says there's three. So, from zero to three pulmonologists is my understanding. And is that enough? How do we...what's...what do we do when 74 percent of folks are struggling with lung...lung issues?

MR. MAUNAKEA: That's a good question. We...we are working with Kaiser and, you know, as you know, their clinic also was affected in Lahaina, and so their capacity was reduced for that as well. We do know that they do provide some services, pulmonology and lung healthcare, so we're hoping that that can be expanded given the fact that there's an urgent need. And reprioritized as they set up their new clinic and maybe provide, you know, at least temporary support for that. We are also working with Queens to see if they can help us, you know, get their pulmonology care up over and support the capacity on Maui, especially given again the urgent need. And so hopefully we can, you know, use this information we're starting to collect to kind of galvanize that support. And it's still in process in terms of what kind of support they'll be...they'll be able to provide us as we, you know, continue to survey the population there.

VICE-CHAIR JOHNSON: Yeah. Thank you for that response. I...one...one of the questions I had, and Councilmember Kama spoke to it and...was the...the MauiWES, the...the survey was basically open to even folks with...without insurance and that you direct those folks to...to doctors to do...that help those kind of situations. That kind of situation I immediately go to the idea of, you know, outreach. Some folks, well I don't have insurance, I'm not going to go, you know, like that kind of thing. So, they're just...they don't know that it's free for them. And so maybe...and I saw that you had a flyer going up, which is great. Can you kind of speak on the different types of outreaches? You know some people aren't online, you know, the digital divide, all of that. Maybe informing them...do you guys have any ways to, you know, do other types

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

of outreach?

MR. MAUNAKEA: Yeah, we're doing our best to reach out to a broad population using social media and other...other tools. I think the main barriers that we've seen in...in the communities there in terms of accessing services that they could be eligible for is language barriers. Because many times some of the uninsured in particular don't speak English very well, and so they need that support, and then trust issues. And we've seen that from quantitative data. . . .*(timer sounds)*. . . So, Ruben, do you want to comment on that?

MR. JUAREZ: Yeah. So, things that I want to comment is how we reach these underserved populations. Basically we partner with community-based organizations who can help us with the outreach both online and in person, and help us be on the site to translate the survey for them. Some of them are older populations who like, they just cannot use an iPad to like complete the survey, so we have someone in person who is helping them complete the survey. But we're working with Roots Reborn, which is helping the Hispanic population, Pacific Islander population. We're working with...this weekend actually is going to be like a Filipino-focused weekend working with Tagnawa for Maui who helps a lot of the survivors. And then they are going to be there for three days basically providing Filipino assistance. And then we're working with some Pacific Islander organizations as well, so.

MR. MAUNAKEA: And hopefully we'll be helping others.

VICE-CHAIR JOHNSON: Thank you for that.

MR. MAUNAKEA: Yeah.

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

CHAIR SINENCI: Mahalo, Vice-Chair. So, just to clarify, some of our COFA residents as well as the immigrant population is also welcome to the study?

MR. MAUNAKEA: Yeah.

CHAIR SINENCI: Okay. Thank you. Next, we have Councilmember Cook for questions.

COUNCILMEMBER COOK: Thank you, Chair. My question is for either doctor. I was...is previous medical information on the...on the participants available for you?

MR. MAUNAKEA: Yes, to some degree. So, we have information that we collect from the questionnaire. So, recall as well as we are collecting their...their EMR, so the electronic medical record data so we can look at past history, especially health related past history. So, we have some of that information being collected from the participants.

COUNCILMEMBER COOK: Thank you, Chair. I don't have any other questions. I'm just really glad that you're both doing this and providing this service for the community.

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

CHAIR SINENCI: Yes. Mahalo, Member Cook. Chair Lee --

MR. MAUNAKEA: Mahalo.

CHAIR SINENCI: -- for questions.

COUNCILMEMBER LEE: Thank you, Chair. Dr. Maunakea and/or Dr. Juarez, you mention that you hope to enroll about 2,000 into your program, in your study. How do you contact the affected residents? Especially those who have, let's say, moved away or are staying with relatives somewhere?

MR. MAUNAKEA: Ruben, you want to answer that?

MR JUAREZ: Sure. So, the...it's actually two ways. Right now because of the (*audio interference*) limitations. I mean honestly we're in super tight funding right now from Hawai'i Community Foundation. We're hoping that Kaiser can provide a little bit more support. But basically the way that we are doing it is we work with community organizations. We are based at hotels where residents are, so we're based at the Royal Lahaina. All the events have happened except for the one in Kula this past weekend, was at the Royal Lahaina. So, we got a lot of people from the hotels. We are not accepting residents at this point...sorry, individuals affected who moved out of Maui right now. We're hoping that eventually we will once hopefully the State is able to like provide some supplementary funding to do that. But so far it's only Maui residents and...and they get communication from social media, from basically the different hotels send them information of where we are, and the community organizations of course.

MR. MAUNAKEA: Yeah, and to add to that...

COUNCILMEMBER LEE: How long...

MR. MAUNAKEA: Oops, sorry.

COUNCILMEMBER LEE: Go ahead.

MR. MAUNAKEA: To add to that, we also provide them that data dashboard I mentioned as a way to contact them, email address as well as their phone number. So, we will be following with...up with them that...those that already are enrolled in the study. And we can collect, you know, information from them in the future. We have the...again, we let them know where we will be and how we can continue, you know, the assessments that...we finished up with our first...our baseline information so they can compare, you know, the results from a year from now.

COUNCILMEMBER LEE: How long is your study expect (*audio interference*).

MR. MAUNAKEA: The initial phase is for five years. We hope to get additional funding to support that over the five-year period. But we also expect and intend to build a registry

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

again with State support that would last further out, at least up to 20 years because we know that some of the health impacts are not going to be manifest, you know, in the short...short time frame. So, we want to understand how it will affect the long-term health risks. And that will be coupled with this registry. Not necessarily the scope of the work that we're doing for the study initially, which is a much more intense analysis, but with passive data assessments with this registry so we can follow them up on a longer...on that longer time frame.

COUNCILMEMBER LEE: In your presentation did you cover the ethnic breakdown of the affected residents? You did?

MR. MAUNAKEA: Yes.

COUNCILMEMBER LEE: Okay. So, what's the highest number of...let's see...I think it was Filipino. Was it Filipinos?

MR. JUAREZ: Filipino . . . *(inaudible)* . . . percent.

MR. MAUNAKEA: Yeah.

MR. JUAREZ: And then we have Hispanics, which is in between...I mean it's estimated at 11 percent based on the Census. We're seeing about 20 percent in our study coming over. So...and then there is Native Hawaiians, Pacific Islanders on the 20s. Yeah.

COUNCILMEMBER LEE: Okay. So, I --

MR. MAUNAKEA: Around 20 percent.

COUNCILMEMBER LEE: -- understand some of the Filipinos were, you know, immigrants that . . . *(timer sounds)* . . . possibly moved back to the Philippines. Is that correct?

MR. JUAREZ: Yeah. So, like anyone else, I mean they could have moved, yeah, but we are not following that. We're only restricting ourselves to people who are in Hawai'i right now and...and hoping to be in Hawai'i for the next five years.

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

CHAIR SINENCI: Thank you, Chair. Yeah, one of my Filipino cousins did move back to the Philippines after the fire, so we do have those. And so just to clarify, Dr. Maunakea, you're funded for five years but HB 20...2805 will help to fund further, longer...the study for a longer period?

MR. JUAREZ: No. Let's just clarify. We are funding for 250 participants one year, okay, from Hawai'i Community Foundation. We're severely underfunded. We have recruited 450 participants, and we're hoping that Kaiser will be able to cover basically that cost of doing the analysis for the next 250 participants. We don't have funding beyond the 500 participant threshold even for one year. So, we're hoping that the...the State will be able

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

to provide some funding at least for one year, and they are asking us to work with several partners to be able to get more funding. It's very expensive to do this study. I'll give you one example and just to...this is what the State knows. It cost us about \$1,000 per participant per year to do all these health assessments. So, then taking the samples to the lab, analyze it, et cetera. 70 percent of that cost goes back to the participants on medical tests, community engagement support, et cetera. So, it's...it's...it's an expensive study, but I think it's for the benefits of the community and...and the participants of course.

CHAIR SINENCI: Exactly. Okay. Members, is there a need for a second round of questioning? Oh, Keani, no? Member Rawlins-Fernandez? Okay. She...she doesn't have any.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. And mahalo to our presenters today.

CHAIR SINENCI: Yes.

MR. MAUNAKEA: Mahalo.

CHAIR SINENCI: Such important work. We appreciate you being (*audio interference*) and sharing the preliminary study results that are out there. And then again, this weekend, Friday, Saturday, Sunday. And I'm glad that you guys are having those out in Lahaina so the people in Lahaina can...can go to the hotel or to the civic center on Saturday. And then it looks like Sunday we'll be here in Kahului.

MR. MAUNAKEA: Yeah.

MR. JUAREZ: Yeah, that is the plan.

CHAIR SINENCI: Okay. And so we...we want to support you guys, you guys' important work, and so we'll...we'll...hopefully we can share your information on all of our social platforms to get the word out to as many people as possible. With that, Staff...again mahalo for coming and presenting to the WASSP Committee this morning. Thank you.

MR. MAUNAKEA: Okay. Mahalo. We appreciate the help. Mahalo nui [spoke Hawaiian] A hui hou.

CHAIR SINENCI: Ae [spoke Hawaiian] Members --

MR. MAUNAKEA: Mahalo.

CHAIR SINENCI: -- I will now defer this item if there are no objections.

VICE-CHAIR JOHNSON: No objections, Chair.

COUNCILMEMBERS VOICED NO OBJECTIONS (excused: TP, YLS, and NUH).

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

ACTION: DEFER pending further discussion.

CHAIR SINENCI: Okay. Staff, is there anything else that we need to address before adjourning this meeting?

MS. MACDONALD: Chair, there is nothing else outstanding.

CHAIR SINENCI: Again, mahalo, Members. Great questions and...and comments. With that, this concludes today's Water Authority, Social Services, and Parks Committee meeting of Tuesday, February 20th, 2024. And I believe we have a recessed ADEPT meeting at 1:30 today. So . . .*(gavel)*. . .

ADJOURN: 10:56 a.m.

APPROVED:



SHANE M. SINENCI, Chair
Water Authority, Social Services, and Parks
Committee

wassp:min:240220min:mll:ds

Transcribed by: Daniel Schoenbeck

WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE MINUTES
Council of the County of Maui

February 20, 2024

CERTIFICATION

I, Daniel Schoenbeck, hereby certify that pages 1 through 33 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 27th day of February 2024, in Kula, Hawai'i



Daniel Schoenbeck