HUMAN CONCERNS AND PARKS COMMITTEE

Council of the County of Maui

MINUTES

June 2, 2022

Online Only via BlueJeans

CONVENE: 1:30 p.m.

PRESENT: VOTING MEMBERS:

Councilmember Tasha Kama, Chair

Councilmember Yuki Lei K. Sugimura, Vice-Chair

Councilmember Alice L. Lee, Member (Out 2:12 p.m.; in 2:14 p.m.)

Councilmember Tamara Paltin, Member Councilmember Shane M. Sinenci, Member

NON-VOTING MEMBERS:

Councilmember Gabe Johnson (Out at 2:58 p.m.)

STAFF: Jerry Paredes, Legislative Analyst

Laksmi Abraham, Legislative Analyst Richard Mitchell, Legislative Attorney Stacey Vinoray, Committee Secretary Maria Leon, Committee Secretary

Jean Pokipala, Council Services Assistant Clerk

Evan Dust, Executive Assistant to Councilmember Tasha Kama
Dawn Lono, Executive Assistant to Councilmember Shane M. Sinenci
Kate Griffiths, Executive Assistant to Councilmember Gabe Johnson
Angela Lucero, Executive Assistant to Councilmember Tamara Paltin
Christian Balagso, Executive Assistant to Councilmember Tamara Paltin
Denise Fernandez, Council Aide, Lāna'i Council Office (via telephone
conference bridge)

Mavis Oliveira-Medeiros, Council Aide, Hāna Council Office (via telephone conference bridge)

ADMIN.: Lori Tsuhako, Director, Department of Housing and Human Concerns

Samual Marvel, Deputy Director, Department of Parks and Recreation Daniel Kunkel, Deputy Corporation Counsel, Department of the

Corporation Counsel

OTHERS: Maude Cummings, Executive Director, Family Life Center

Wade Ebersole, Chief Operating Officer, Maui Health System

Julie LaCroix, Senior Director Care Management, Maui Health System

PRESS: Akakū: Maui Community Television, Inc.

June 2, 2022

CHAIR KAMA: (gavel). . . So thank you, everyone, for being here this afternoon. My name is Tasha Kama, and I'm calling the Human Concerns and Parks Committee meeting of June 2nd, 2022 to order. And it is now 1:30 p.m. And again, I'm Tasha Kama, and I'm the Chair of the Human Concerns and Parks Committee. Welcome. So Members, in accordance with the Sunshine Law, if you're not in the Council Chamber, please identify by name who, if anyone, is in the room, vehicle, or workspace with you today. So please see the last page of the agenda for information on meeting connectivity. Do we have questions before we begin, Members? Okay, I don't see anyone, so thank you very much. So we're going to do roll call first, so I'd like to say aloha 'auinalā. And I think our welcome greeting from this morning was magandang umaga; is that right, Chair?

COUNCILMEMBER LEE: Yeah, but that's good morning. So you can just say mabuhay.

CHAIR KAMA: Oh . . . (inaudible). . .

COUNCILMEMBER LEE: You can just say good mabuhay.

- CHAIR KAMA: Mabuhay. Oh, so much easier. Okay, mabuhay. And mabuhay and aloha to Yuki Lei Sugimura, our Committee Vice-Chair.
- VICE-CHAIR SUGIMURA: Mabuhay, everybody. I'm in the Council Chambers, and I'm here with Jeremy Paredes. Did I say it correct? Okay, Jerry, sorry. And Laks Abraham and Jocelyn Moniz . . . (laughing). . . And who else? That's it, right? Okay, looking forward to this interesting meeting. I love the subject that you're taking up, big need.
- CHAIR KAMA: Thank you. And aloha 'auinalā and mabuhay to Council Chair Alice Lee.
- COUNCILMEMBER LEE: Aloha 'auinalā to you and mabuhay, Chair, and to my fellow colleagues. I'm home alone in my space...workspace, looking forward to your meeting.
- CHAIR KAMA: Thank you. And we also have with us Councilmember Tamara Paltin. Aloha 'auinalā and mabuhay.
- COUNCILMEMBER PALTIN: Mabuhay, pōkākou *(phonetic)* and aloha 'auinalā to Stacey Vinoray. And broadcasting live and direct from the Old Lāhainā Center here in historic Lāhainā Town. With me I have EA Angela Lucero and District Office Staff Christian Balagso, and we have no testifiers at this time.
- CHAIR KAMA: Thank you. We also have with us from East Maui our County Councilmember Shane Sinenci. Aloha 'auinalā and mabuhay.
- COUNCILMEMBER SINENCI: Mabuhay, Chair, and aloha 'auinalā fellow Councilmembers. We transitioned from the Hāna Culture Center to 68 Kauiki Street, where I'm home alone at the moment.
- CHAIR KAMA: Thank you. We also have Non-Voting Councilmembers Gabe Johnson, Kelly King, Mike Molina, and our Council Vice-Chair Keani Rawlins-Fernandez who are

June 2, 2022

always welcome to be with us should they want to appear and make...and grace us with their presence. We also have with us the Department of Corp. Counsel, Mimi DesJardins, Deputy Corp. Counsel. Aloha, Mimi, are you here today?

MR. KUNKEL: Chair Kama, my name is --

CHAIR KAMA: Yeah.

MR. KUNKEL: -- Dan Kunkel. I'm substituting --

CHAIR KAMA: Oh, okay, Dan. That's right.

MR. KUNKEL: -- for Mimi today.

CHAIR KAMA: That's right.

MR. KUNKEL: Aloha.

CHAIR KAMA: Thank you for reminding me about that, Daniel.

MR. KUNKEL: Sure.

CHAIR KAMA: We did talk about it. Yes. So thank you for being here. We also have with us from the Department of Housing and Human Concerns, Lori Tsuhako. Aloha, Director Tsuhako.

MS. TSUHAKO: Hi. Good afternoon, Madam Chair, Members, happy to be here today. Thank you.

CHAIR KAMA: I'm happy that people are happy to be here today. We also have with us from the Department of Parks and Recreation, Deputy Director Samual Marvel. Aloha Samual Marvel. Mabuhay.

MR. MARVEL: Good afternoon, Councilmembers. Good afternoon, Chair. Happy to be here.

CHAIR KAMA: Thank you. We also have with us our Committee Staff. We have our Legislative Analyst Jerry Paredes. Aloha, Jerry.

MR. PAREDES: Aloha, Chair Kama.

CHAIR KAMA: We also have with us Laks Abraham. Aloha. Thank you for being with us this afternoon, our Legislative Analyst.

MS. ABRAHAM: Aloha, Chair.

CHAIR KAMA: We also have with our faithful Committee Secretary Stacey Vinoray, who teaches us Filipino and how to pronounce it properly. So aloha, Stacey.

June 2, 2022

MS. VINORAY: Aloha and mabuhay.

CHAIR KAMA: Oh, look at that. Mabuhay. We should have called you first. Thank you. We also have with us our Legislative Attorney James Forrest. Mabuhay, James.

MR. FORREST: Hello, Chair, Councilmembers. And I want to thank you too. This is a very important issue I've dealt with many times in my life. So thank you for putting on your agenda today.

CHAIR KAMA: You're very welcome, and thank you for being here with us. We also have our OCS Assistant Clerk Jean Pokipala. Aloha 'auinalā, Jean.

MS. POKIPALA: Aloha, Chair and Committee Members.

CHAIR KAMA: We also have with us other representatives from the Maui Health System. And we'll introduce you to them later, but they're with us today. The Chief Operating Officer Wade Ebersole; the Director and [sic] Care Management of Maui Memorial Medical Center Gail Raikes; and we have with us Julie LaCroix, a registered nurse, the Senior Director, Care Management, Maui Memorial Medical Center. We also have with us Maude Cummings, the Executive Director of the Family Life Center and Lisa Kahaleauki of...the outreach team leader from Family Life Center. So thank you, Members, for attending today's HCP Committee Meeting. And we only have one item on the agenda, and it is HCP 1(5) Maui Memorial Medical Center Discharge Procedures Update. So do we have testifiers? Let me go check into the chat.

COUNCILMEMBER LEE: Chair? Chair?

CHAIR KAMA: Do we have testifiers?

COUNCILMEMBER LEE: Chair.

CHAIR KAMA: Yes.

COUNCILMEMBER LEE: Did you recognize --

CHAIR KAMA: Yes.

COUNCILMEMBER LEE: -- Member Johnson?

CHAIR KAMA: No, I did not. I do not see him on my screen. Apologies, Mr. Johnson. Yeah. And I still can't hear him.

COUNCILMEMBER JOHNSON: Thank you. Thank you . . . (inaudible). . .

CHAIR KAMA: But if you're here, please...aloha 'auinalā and mabuhay.

June 2, 2022

COUNCILMEMBER JOHNSON: Mabuhay to you, Committee Chair Kama. Thank you so much for having me. I know I'm a Non-Voting Member, but like what was mentioned earlier, this is such an important issue. I'm happy you allow me to come join you. Mahalo, Chair. Oh, I'm alone in my office. Thank you.

CHAIR KAMA: I'm always happy to have other Members who are not Voting Members, because, you know, it's...it's refreshing. I mean I love our team who's here, but always...extra people always make things so much more delicious. But thank you for being here. So do we have testifiers today, Laks . . . (inaudible). . .

MR. PAREDES: Chair, at this time, we do not have any testifiers signed up.

CHAIR KAMA: Oh, my gosh, this has never happened to me. Now, I got to go scroll all the way down to...it says, if no testifiers are present, skip to closing public testimony. Okay, so I don't have to read all of that stuff. Wow, I'm impressed. Okay, Members, I'm going to wait a few moments and if someone wants to testify who may be out there, we'd love to have them. But if not, without objections, I would like to close public testimony.

COUNCILMEMBERS VOICED NO OBJECTIONS

CHAIR KAMA: Members, thank you very much. So Members, are there any objections to receiving written testimony into the record?

COUNCILMEMBERS VOICED NO OBJECTIONS

CHAIR KAMA: Thank you. So ordered. So public testimony is now closed.

... END PUBLIC TESTIMONY ...

ITEM HCP-1(5): MAUI MEMORIAL MEDICAL CENTER DISCHARGE PROCEDURES UPDATE

CHAIR KAMA: Wow, I just almost don't know how to act. Okay, anyway, HCP-1(5) Maui Memorial Medical Center Discharge Procedures Update. So Members, recently I have received concerns from the community regarding the process for discharging patients from Maui Memorial Medical Center. I have scheduled this item to provide an opportunity to discuss this concern, and welcome representatives from the Maui Health System, Maui Memorial Medical Center, and Maui Family Life Center [sic]. So I just want to welcome and thank you all for being here with us today. I really appreciate you all taking the time off of your busy schedules to be provide important information to the Committee today. So without objections, Members, I would like to designate Mr. Ebersole, the chief operating officer of the Maui Health System; Ms. Raikes, the Director of Care Management; and Ms. LaCroix, the Senior Director of Care Management for Maui Memorial Medical Center; and Ms. Cummings, the Executive Director; and Ms. Kahaleauki, Outreach Team Leader for Family Life Center as resource personnel in accordance with Rule 18(A) of the Rules of the Council. Any objections?

June 2, 2022

COUNCILMEMBERS VOICED NO OBJECTIONS

CHAIR KAMA: Thank you. Oh, my gosh, that's why I love you guys so much. So I'd like to begin our discussion by welcoming Executive Director Maude Cummings and Outreach Team Leader Lisa Kahaleauki of Family Life Center to provide remarks. Maude, I saw you earlier...if you're ready to present, please?

MS. CUMMINGS: Okay, can you hear me?

CHAIR KAMA: Yes, I can, Maude.

MS. CUMMINGS: Okay. I think I submitted a PowerPoint to Mr. Paredes.

CHAIR KAMA: Yes. Yes. Yes.

MS. CUMMINGS: Can you share that, please?

MS. ABRAHAM: One moment, Chair, we'll have up in just a second.

CHAIR KAMA: Okay.

MS. CUMMINGS: So I just wanted to preface it by saying that what we are sharing is some recent experiences. This is not intended to be a slam, in any way, on Maui Memorial Hospitals, but just to share some of the things that we have experienced. Okay. So this is an event that happened on March the 17th, 2022, of this year. Outreach was called to the bus stop across from the Maui Memorial Medical Center. Okav, so we encountered there two individuals. And so the first person stated that he was hospitalized for eight months, and then discharged, and that he had been at the bus stop for two to three weeks. He used a wheelchair, but he had limited use of his arms, so he couldn't pull himself into the chair or manipulate the wheelchair, and he had an open wound on his foot. The second individual was unable to articulate to us the length of his hospitalization stay, but he indicated that he had been at the bus stop for about a week, and that he was unable to walk. Okay, next slide. So these are members of the outreach team. This is not Family Life Center, this is not our role. It is not what we are contracted to do, but from time to time, we are called on to do things of this sort, and we will do it. We're not equipped to do it, so actually we...those are painter's overalls that we went to Ace and purchased just to be able to do this work because there was a lot of feces. What you can't tell from the screen, of course, is the smells. So after somebody's been there for two or three weeks, you can imagine that it's built up quite a bit. So this is the first person that we encountered, and we're trying to determine how to move the person. Because the goal was to get him to our campus where we could shower him. Okay, next slide. So what we decided to do...that the best route to do would be is just to use a...sorry, where ... sorry, I lost the connection. Okay ... was to use a canvas drop cloth and roll the person into the sheet, and then be able to lift them that way. Next slide. So the next couple of slides is just the team lifting and carrying the person into the back of the van, this is a Family Life Center van, so we could transport

June 2, 2022

them. Next slide. And that's just more of that process. Okay, next slide. This is the second individual that we encountered on the same day, and we were able to...next slide...use the same process. I think...next slide. Okay, we were able to use the same process to get him into the van. Okay, the next slide. And then one of the things we always like to do is whenever...lots of times we will get people to either get into emergency shelter. And we always like to clean up the area, so that is the staff cleaning up the area. Next slide. And that is one of our vehicles filled with trash that was picked up. Okay, next slide. And we brought the person down to our Family Life Center campus, and so we had to do the whole process in reverse to try and get the person out into the showers. So we unloaded him into a wheelchair. And then the next slide, he was unable to shower himself, so the staff actually went in there to give him a shower. The other person, we were able to contact some family members. They weren't able to take him back, but we did transport him back to the area where his family had a business. So this individual...the next slide. These are some of the things that we have done...is we contacted Social Security, stopped his Rep Payee service where somebody had taken all his money, made arrangements for a new Rep Payee. We also contacted Adult Protective Services, and they assisted in arranging some of the other services. We also talked to the Medicaid provider, Ohana. We talked to the VA. We also made connections with...for medical care, including transporting him to the podiatrist. We've also helped him with other IDs and documentation. So what has happened to him is that he has temporarily been sleeping in the handicap bathroom at Family Life Center. We attempted to place him in a hotel, but that did not work due to the high level of care required. The hotel complained. We couldn't get the meal services and other things in place. So he asked if he could...if we would allow him to sleep on a pallet on the floor of our handicap bathroom. Because he could not get himself in and out of a wheelchair, but because there were handicap bars there, he could haul himself up, and he would be close to a toilet where he could use the urinal...use a urinal bottle and then just empty it out. It is not the best situation. It's not what we do. We do not have a men's shelter, but we didn't have...had run out of options at that point. So as of today, he continues to stay on our campus. We provide him meals. We've...he can now shower himself, so staff doesn't have to do that. We have located housing in a housing program for him. Hopefully, by Monday, he will be in permanent housing, and all the services will be able to be in place. The Medicaid support services can be in place, food delivery can be in place. So it's taken quite a while, but that...that would not be our option, but this is what he asked us that if we would be willing to do, so that's the choice that we made. Okay, next slide. This is just another person, this was last Friday, May 27th, about 4:30. We encountered this male who had been discharged from the hospital after 20 days. He's not a client of ours; however, Lisa, the team lead, recognized him from the community, and made some phone calls, and was able to locate a friend that said, yes, he does allow this person to live on his property in Kula. So we actually transported him to the bus stop at Kaahumanu because that would make it easier for him to access the appropriate bus line. And then we have followed up since that time, and he has...we've confirmed that he has made it back home, and he is doing well. Okay, next slide. So those were...so just to provide a context because I want to move to next steps after this and...so to provide some context, I just put down here what Family Life Center does, as far as outreach. This is what our contract requires us to do. And PMO stands for performance measures, that at least 75 percent of all the households that we serve

June 2, 2022

have to result in an engagement date that ... an engagement. That means we have to do the complete intake. It cannot just be a, you know, one-time pass-by thing, but it has to do...we have to do a complete intake. They have to sign all the consents, and we have to get them on their way to achieving permanent housing. Because that is our goal, ending the person's homelessness by getting them into housing. performance measure is that 20 percent of all the households exiting will exit to permanent housing exit destination. Third is that 50 percent of our households exiting will exit to a temporary housing or institutional exit destination; so emergency shelter, treatment. And then Performance Measure 4, 10 percent of the households exiting will increase their earned income. And Performance Measure 5, 15 percent of the households exiting will increase nonearned income. So if you look at those things, all of them are geared to achieving housing. And so that's why a lot of our outreach services are geared towards moving a person on into housing. It's not just engaging a person, attending to their hygiene needs. They...we have to...this is what our contract is based on. We don't ... some of our funding is based on that. If we don't achieve the goals, then our funding is impacted. So I just wanted to provide some context of what we do as far as outreach, so that what we did by picking someone up and transporting them to our site is not really our role, but it's something that we're willing to do. And we can't do that on a wholesale basis because we have to meet all these guidelines. Okay. And so finally, what are the next steps? I think it would be important for us to understand the discharge protocols. And if we can understand the MMC processes better, it would help Also, understanding what the roles of the community service providers are, understanding what Family Life Center does as far as outreach. What...I know Ka Hale A Ke Ola has some respite beds, understanding what the process is to get into them, how do you...how long does a person stay, all of those kinds of things. What does an organization like Mālama I Ke Ola do, for example. Do they...are they the connection to the Medicaid providers? And then there's other providers, like Mental Health Kokua, who one of these individuals was connected and is connected to them. And then, I think, when we can get a good understanding of what is out there in the community, then we can identify the gaps in services and then, perhaps, get a good plan moving forward. Okay, that's it.

CHAIR KAMA: Thank you for that presentation, Maude. Did Lisa want to say a few words or remarks before we go on?

MS. CUMMINGS: No, she says she doesn't have anything to add.

CHAIR KAMA: Okay. Well, thank you for that presentation. And I certainly do appreciate the work that you folks do. So, Members, next I'm going to welcome Chief Operating Officer Wade Ebersole of Maui Health System to introduce his team from Maui Memorial Medical Center, and to provide a presentation on the Maui Health System discharge procedures for Maui County hospitals. So Mr. Ebersole, if you'd like to begin your presentation?

MR. EBERSOLE: Thank you, Madam Chair. And thank you to the Honorable Members of this Council for the opportunity to come and talk to you about our discharge process, and caring for some of our most vulnerable patients, which, of course, we do as a sole

June 2, 2022

provider and a safety net organization. We see anyone independent of their ability to pay for services, and it's a badge honor that we all wear. I will be asking our Senior Director of Care Management to tag team this presentation with me as a subject content expert. And Julie LaCroix, who is also on the call today, will be tag teaming this, if that's okay with you, Madam Chair?

CHAIR KAMA: Yes, absolutely. Thank you.

MR. EBERSOLE: (audio interference) Jerry, do you have the presentation, or...

MR. PAREDES: Yes, we are pulling up the presentation right now.

MR. EBERSOLE: All right. Let's go to the first slide, please. So we're obviously within. probably, the most regulated industry that there is. If not, it's certainly one of the top ones. But we're governed by a number of rules that really guide our process and how...and most of our policies, and discharge planning is no exception. So there's conditions of participation related to CMS that really kind of guide our process. And there's a whole bunch of guiding principles that we follow, and drive our policy and procedures. But at the root of it, the core takeaways are the discharge planning must value...must be made on a timely basis, it must avoid unnecessary delays in discharge, and unnecessary days of care in a hospital. It's regular or constantly assessing the patient for necessity as needs change. And we're modifying the plan as such; must include patient treatment preferences. Those are kind of the core principles by which the conditions of participation. But it needs to be timely, it needs to be effective, it needs to take in consideration choice. And all these things boil down to an accreditation which it gives us . . . (inaudible). . . status, which it then essentially allows us to bill and collect for Medicare, which is...and Medicaid, which are our two primary payor sources. And it's an important part of ensuring that we're meeting the standards that the Federal Government has said are important. So that is kind of the baseline by which we establish our policies, we adhere to best practices, and what healthcare organizations do for driving out...for defining almost all of our processes. Next slide, please.

CHAIR KAMA: Very good.

MR. EBERSOLE: Oh, am I...can I control it? No. Oh, there we go. All right. So discharge is a team-based effort. And it is the role of the attending physician who is responsible for the care of the...or I should say the provider...has to be a licensed provider...that is in charge of the overall care for that patient to make a clinical decision on when this patient can be safely discharged. The discharge plan, independent...and if it's a patient who is experiencing homelessness or not has a multidisciplinary team that is working towards how to get this patient to where they can be provided the right and best appropriate service. And that team includes case management, which are our in-care coordinators; it includes our nursing colleagues; it includes the hospital Medicine Department. And if this person has had a specialist that's a part of their care, they will also be a part of that, although it's...they play less of a role. Any sort of pharmacy needs, they'll play a part of the discharge planning. Social work is a major part of it. And if there's any ancillary PT, OT needs. they will play a part of the discharge planning. Discharge

June 2, 2022

planning starts when the patient is admitted. And there is an index that many organizations use to say, all right, patients that have a similar diagnosis across the country are expected to stay X number of days. That is a guiding principle. It is not...we do not use that. In fact, we don't even, quite frankly, have that as a key part of it, but it's a tool that can be used to help do it. And that's what a lot of hospitals that are really efficient, through throughput, they use as a guiding principle to test whether or not they are flowing patients through the hospital system compared to their peers. Our numbers are considerably higher than patients...than other organizations that would have...that would see similar patients with similar acuity, meaning our patients are staying longer than those of their peers with similar conditions. And I think that there's a whole bunch of reasons why that is, but just so you guys know, we're not on the other side of the spectrum. The case manager, who really is kind of the team member that is driving and heading the discharge planning, who is a nurse, needs to be focused on whether it's clinically appropriate, what the patient care needs and goals are for care. We want to include, when it's...when they're available, caregiver support persons, family members. The treatment plan needs to be consistent with patient choice, treatment plan is based off of available resources. Now, this is our normal plan. When we have a patient that is experiencing homelessness or lacks permanent shelter, that creates a whole different level of complexities. And obviously, these are some of our most vulnerable population. And so how we approach it and how...when we make a decision on discharge...when a clinician makes a decision, it is really in concert with a whole bunch of other folks that are meant to provide wraparound services and other services that we, as a hospital, don't do, or don't do well. And so we rely very heavily on our community partnership when our patients who are experiencing homelessness have these needs and...but there are a number of barriers for us when we're trying to place patients into these beds. My colleague, Julie LaCroix, will walk us through the remaining slides, and then we'll both be available for questions afterwards.

MS. LACROIX: Thank you, Wade. Madam Chair, Councilmembers, thank you for the invitation and the opportunity to present today. Jerry, I wonder if you could skip ahead to slide 5? Wade, I hope you don't mind, but I just reordered the slides a little bit. Slide 5 talks about what's a little bit different when we have folks who are unsheltered, who don't have permanent living. So slide 5 is discharge challenges. I think that is slide 4. There. Yeah, thank you. So one of the things that Maude asked about earlier was the medical respite shelter beds at Nā Hale O Ka Ola [sic]. We partner really well with Monique (phonetic), and Mary (phonetic) and the team over there. The hospital actually rents...purchases...leases three medical respite shelter beds there. These beds are for patients who have a skilled need post-hospitalization. And we'll talk a little bit more about that program when...return to slide 4. In addition to the medical respite shelter beds, the three, they do operate some emergency shelter beds in Central Maui, and also on the West Side. And, again, if you could return to, yeah, slide 5, please. So some of the other challenges that we face are for our patients who are COVID positive, and this is certainly top of mind for everybody. We have no discharge points on Maui for these folks. We have, even, no transportation for anybody who's COVID positive that's leaving the hospital. And this is really impactful when we're dealing with our unsheltered folks because often, they don't the support networks...the social support networks that we would rely on to help us in these situations. I believe...do have some designated

June 2, 2022

resources on O'ahu. And I guess when I say that, there are no transportation available, I want to back that up a little bit to say BMR (phonetic) will provide transportation. Our other challenge is that we have nowhere that we can send these folks, they need to be Patients who need assistance with their ADLs upon discharge are generally not able to be admitted to any of the shelter beds out there. We talked a little bit about the lack of social support network already. We find that oftentimes, because of coexisting conditions of our patients who are unsheltered just don't have that support from friends, family. Oftentimes, they have traveled to Maui from other areas of either neighbor island or maybe even different part of the country. Our normal post-acute providers that we would partner with...the nursing facilities, the home health and home care agencies...are generally not able to accept patients who don't have permanent housing to return back to. We also do our very best, when we are discharging patients, to assure that we've got a good plan for follow-up services. Many of these folks need follow-up services after they're discharged, and so we do our best to include...to arrange not only those services, but also follow-up appointments with physicians, transportation. But follow up in this population is low sometimes, so that can be a challenge . . . (inaudible). . . which is why it's nice to get them into a more structured setting if that opportunity is available, if that resource is available within our community. We find that many of our folks who don't have permanent housing also have substance abuse concurrently. And so trying to find an accepting facility with anybody who's got substance abuse is...also we find is challenging.

COUNCILMEMBER LEE: Can you speak a little louder, please? Please.

MS. LACROIX: Yes, ma'am.

COUNCILMEMBER LEE: Thank you.

MS. LACROIX: I'll try and get...I don't want to get closer to the camera, but I'll try and get a little closer to the microphone too. Thank you, just let me know. Many of these patients...not many, there's a percentage of these patients may not be welcome at They may have had some previous history at those shelters and shelters. understandably, the operators may not be willing to extend shelter to them again based on previous issues. And then something that takes up a lot of days at our hospital are patients who need continued IV antibiotics, typically that can be provided in a less restrictive setting. But we don't have any partners in the community who are willing to accept patients for extended IV antibiotics if there's any history of intravenous drug abuse. So these are some of the challenges and things that we would hope to work together to find some solutions for. If we could then flip back to number 4, I want to talk a little bit about the way that we interface with our...who our community partners are, what services are available to us. So that would be on slide 4 (audio interference) talked a little bit about Hale A Ke Ola [sic] and the program that we have there. understand that they have some additional bed capacity. So when we're placing folks in those medical respite beds, patient has to be hospitalized. I always wonder if there's an opportunity for other agencies to operate a program through those beds, maybe for patients that don't even need to be hospitalized. Perhaps they could be treated in an outpatient setting, and thus avoid coming into the hospital in the first place. So we . .

June 2, 2022

.(inaudible). . . working with Monique to try and get that idea out there as much as possible. In addition to the shelter, we had to find a provider of the skilled services. So maybe somebody needs wound care three times a week. If they have insurance, if we can provide a provider, then we'll do that. The hospital is sometimes in a position of having to also purchase those skilled services, transport the patient to an outpatient setting, and then pay for those services. So that's our program at Hale A Ke Ola. Are there any questions about those medical respite beds? Not sure how to take questions, I see some hands on the camera.

CHAIR KAMA: Ms. Raikes [sic], are you finished with your presentation?

MS. LACROIX: No, Madam Chair.

CHAIR KAMA: ... (inaudible). . .

MS. LACROIX: If it would be better for me to finish the presentation --

CHAIR KAMA: Yeah.

MS. LACROIX: -- I will.

CHAIR KAMA: ... (inaudible). . .

MS. LACROIX: Thank you so much. And, if I may, identify myself for the record. I'm Julie LaCroix. I'm the Senior Director --

CHAIR KAMA: ... (inaudible). . .

MS. LACROIX: -- yeah. And Ms. Raikes is a very valued member of our team, but she was not able to be here today. Thank you so much. Family Life Center, so ... and Maude presented a little bit from Family Life Center. We are occasionally able to find somebody who's able to be serviced through Family Life Center, especially if they're already enrolled in some programming, and priority is...seems to be given to women and families. Mālama I Ke Ola is so fantastic. We appreciate all of the great programs that they bring to the table. Although they're not able to offer housing, they do have a really fantastic street medicine program, they have a hygiene trailer. They are sometimes able to do, sort of, on the fly wound care, really fantastic. They work closely with Maui Rescue Mission. And so if patients are basically agreeable, we will refer to those agencies. Also a good way to get them set up with some primary care and some of their other . . . (inaudible). . . Mental Health Kokua has a drop-in center in Wailuku, I think it's fairly new, and so that's just another resource. And then our LCRS, so Aloha House is not...doesn't provide shelter for homeless individuals, per se, or unsheltered individuals, per se, but if we have somebody who's in...experiencing mental health crisis. they can provide some temporary respite shelter. It's usually two to three weeks, and they have some counselors, I believe, that can help patients get into different types of housing after they leave the residential shelter. So what I'd like to do is jump ahead to slide 6, which is our last slide. Thank you so much for your patience. And on slide 6,

June 2, 2022

we are looking at opportunities. So...here we go. So if we were able to ask for help from the Maui Council, what we'd be looking for were additional crisis shelter beds. So we talk about medical respite shelter, but these would just be crisis shelter beds, patients who need that...need a roof over their heads for temporary until they can develop permanent housing. Also looking for additional medical respite shelter beds. We'd love to have some accepting facilities for patients who have COVID-19. We would love to be able to find facilities who are able to accept patients who might need a little bit of help with ADLs, maybe on a temporary basis; facilities who are willing to take patients who are receiving IV antibiotics; and facilities willing to take patients with a drug (audio interference) Wade, is...was there anything that you wanted to add?

MR. EBERSOLE: Thanks, Julie. No, I'll just say that we rely very heavily on organizations like Maude's. And they are such a critical part of this care ecosystem that could not exist without trusted partners in the community. We are so grateful. And there's...we would not be able to provide the acute level care services that we need to provide and that we're committed to provide to this community without these core wraparound services. And so we're certainly grateful for all the partners. It's just...there are...and it's not chronic that we can't find these resources available, but it's not consistent. And they're...as you've heard today, there are some very challenging barriers for placing some of our most vulnerable patients in a place where they are really...where they can thrive and where they can...where the care is most appropriate. And that being said, it's a thing that we're so grateful for, for all of our community providers that can help and really provide wraparound services where we cannot, so...and I just want to say we appreciate the opportunity to come and talk to this group, and we look forward to any questions that you might have.

CHAIR KAMA: Thank you for your presentation. And that was very sobering to me, to hear that we do have challenges. So, Members, I'm going to open up for questions. And because Mr. Johnson is here, I'd like to begin with the Vice-Chair of our Committee, and then continue on with each of the Members of the Committee, and then allow Mr. Johnson to ask questions at the...when you, Members, are finished. So Vice-Chair Yuki Lei Sugimura, and then followed by Member Paltin, then Member Sinenci, and then Member Lee, and then Member Johnson. Please remember your order in case I forget. Go ahead, Member Sugimura.

VICE-CHAIR SUGIMURA: Thank you very much. This is a very important subject. And I think all our offices have received some form of this, and I'm glad that you're bringing it out to the forefront. Probably the most interesting slide, to me, was the last one, where you're talking about opportunities. And as a County...or as a Council, if you look at that slide, both Wade and Julie, can you tell us where...what is the low-hanging fruit that we could help you with? Because I know that's all big things and...but there might be something, you know, that may be attainable if we can work together. So that's my first question. Thank you.

MR. EBERSOLE: That's a great question. As you've noticed, these are big challenging issues that are very complex and hard. I don't...you know, I don't know if we have low-hanging fruit, to be honest. I think that a lot of our opportunities are really, really challenging.

June 2, 2022

I do think that, as a community, we're going to have to address COVID, and how it is integrated into our normal, everyday lives. And the reality is, our most vulnerable populations are at higher risk of the spread of this disease than anyone else. And so we...if...when we do these things, which are well-intended, to try to keep our community safe, we inadvertently create a disproportionate prejudice against those that are most vulnerable. And so your advocacy to think thoughtfully--and we're not asking people to say forget about COVID, and don't...obviously, we've been championing that the entire pandemic-but we do need to think thoughtfully, and advocacy from our key leaders within the County would be...go a long way in really challenging, does this rule make sense, knowing what we know about the disease. I think I can make a pretty firm argument that with proper precautions, these patients can thrive in environments in spite of having a positive test. The other things are really organizations that we would love to partner with to create a...really, an opportunity so that they can serve as beneficiaries to community members that are struggling with drug dependency, or have a history of it, or need some assistance with ADLs. We'd love to partner with groups like that, but we recognize that that is not something that is a swift pen. So I think your question is great, I just...I'm afraid I don't have a very good...a good response on low-hanging fruit.

VICE-CHAIR SUGIMURA: Wow, those are all challenging ones. And I can see why it's difficult, and I'm grateful that we had Maude go through, you know, what they do when they find homeless, you know, people on the street that may need assistance. I just want to thank her for her work and advocacy because I think she always goes over and beyond. And I do also want to thank the hospital because I know that you...you try to do that, but you have to follow the regulations that preclude you from, you know, just doing things loosely, so I recognize that. Thank you, Chair, I'll look forward to hearing, you know, more. Thank you.

CHAIR KAMA: Thank you, Ms. Sugimura. Member Paltin.

COUNCILMEMBER PALTIN: Thank you, Chair. Thank you to the presenters. First, I was wondering if you could catch us up on the lingo of ADL. Something daily . . . (inaudible).

MR. EBERSOLE: Yes, . . . (inaudible). . . --

MS. LACROIX: Yes . . . (inaudible). . . --

MR. EBERSOLE: -- daily...oh, go ahead, Julie.

MS. LACROIX: (audio interference) apologize. Yeah, it's second nature to us, but activities of daily living. So --

COUNCILMEMBER PALTIN: Okay.

MS. LACROIX: -- bathing . . . (inaudible). . . --

June 2, 2022

COUNCILMEMBER PALTIN: And then I was also wondering if you could let us know how often this type of problem occurs. It seems as though Family Life Center intervened about three times in the last month and a half. And I just was wondering if you know how often it is. And I'm not sure how much we're able to delve into the specifics, like if the reason why these people are at the bus stop is because they're COVID positive or...you know, I recently tried to bust my mom out of the hospital, and we were told, you know, that it's our choice, we can leave. They can't keep us there. And so I'm not sure if that's what's happened, if these people wanted to leave, and you couldn't keep them there to arrange some better place for them than the bus stop, but those would be my initial questions. And a low-hanging fruit, from my end, is if you have folks working at the hospital and you see someone recently discharged overnight at the bus stop, please...I don't know who to contact. I guess that's what we're trying to determine here, but you can call me, and I'll try work on something. You know, call somebody (audio interference) low-hanging fruit from our end.

MR. EBERSOLE: Well, thank you very much for that offer. So I'll just say that, obviously, being the sole provider...the sole hospital on this (audio interference) we see a lot of patients that have insecurities related to permanent housing. A lot of our patients, including the majority of our frequent flyers, are experiencing homelessness. And it is a major problem in our community, there's no doubt. The majority of patients who are experiencing homelessness are able to get into respite programs. They're able to get into shelters. But there are some that choose, for one reason or not, to not participate in that. It could be related to drug dependency. It could be related to other conditions that are driving that decision. But there are times when a patient is unwilling to participate in a program. We know the patients very well that were in those photos. I am not comfortable talking about their...any of the conditions that would have...I just...we don't talk about any of our patients, and none of them have been identified in any...they wouldn't have been able to identify, but that is just something that is a sacred thing for us, where we don't go into conditions related to why. But I'll say there was daily contact with patients that are discharged and elect to go to that place. I will say that there are some that would welcome a respite bed, and that option is not available to them because of a number of the reasons that you saw today, and that's a big problem. And this is not to wag the finger at those places. They're doing that because they have very limited resources. They need to consider the 99 percent of people that they're going to be able to support. And by taking in a patient that could compromise that is ... it's a very tough decision, right, that weighs heavily on them, and they know what that means. But the reality is, there are...not everyone makes a decision to sleep out. Some people do because of a personal choice, but others are not...those are not available to them. And I would say that the majority of patients that end up there are in the, I am making a decision to be there. The one in particular, the first one that was described, was not welcome at respite because of things that we probably don't need to get into right now here...the details. But they were not welcome in a respite bed.

COUNCILMEMBER PALTIN: To clarify, I mean, if they're there two weeks or one week, somebody had...from the hospital contacted them during that two weeks that they were there...or I mean...I'm not sure how they got food and stuff.

HUMAN CONCERNS AND PARKS COMMITTEE

Council of the County of Maui

June 2, 2022

- MR. EBERSOLE: Yeah. So multiple times...I mean, we would offer them clothing, food. There was a lot of touch point with the...and there's...believe me, we do not want people there or anywhere else outside of a shelter, like, that is just not what we want. It...it...From every impact, it impacts us in a negative way. Our core mission, who we are, what we strive to be is to promote health. It is very hard to do that when you are living in the street. And so we desperately try to advocate on that, and there's...oh, yeah, we were in constant contact with that person with food and clothing options.
- COUNCILMEMBER PALTIN: And just...the third individual, was the constant contact not able to understand he needed to get to a different bus stop to get to his third location?
- MR. EBERSOLE: So that one, I need some more information on because if this person was intending to go back to Hāna...and unless there was one...they didn't meet one of the criteria, whether it's COVID or otherwise, it makes very little sense, to me, why we couldn't have taken them to the appropriate transportation place. We do it with great frequency, and so that's something that I'll have to follow up on, but that is not something that would be normal. They would have to...we would have to had said, hey, you need to catch this bus there because of some restriction, which does not make a lot of sense to me at this point. So I'll have to...I will follow up on that.
- COUNCILMEMBER PALTIN: And it's kind of...I mean, not saying that I need everybody's health and information, but it's hard to figure out how to help people if we don't know some of the details. And I'm not saying that we should broadcast their details on television, but that's just an added layer of difficulty if...I mean, I don't know if you could give us some sort of spreadsheet, like in an average year, or a COVID year, of the specific number of obstacles and...without their personal information. Like the last slide Member Sugimura was talking about, how many times have you discharged somebody with COVID, and they couldn't find a place to live or transportation to a quarantine facility? How many times does it...is it that people need help with ADLs, and you couldn't find a place? Like so we can kind of gauge, I guess, the scope or the breadth of that need and narrow in on like, you know, what should be our priorities, or how much to even plan for?

MR. EBERSOLE: Sure.

COUNCILMEMBER PALTIN: Because --

MR. EBERSOLE: Jerry, could I...would you guys welcome bringing back up the slide? So what we try to do is represent the kind of core issues without getting into individual patient concerns. Is it okay if I just bring up that slide so I can kind of briefly...because you're asking the exact right question, which is, you know, what are . . .(inaudible). . . what's our biggest bang for the buck, and what are the areas of real concern? I'll say from this slide, slide 5, discharge challenges for patient experiencing homelessness, we experience this list...sorry, Jerry, one...yeah, perfect. Thank you. We experience this daily. These are not uncommon events, so...for the most part. Medical respite shelter capacity, the problem is we only use the bed 60 percent of the time. But there's going to be times where the respite is full. So the past couple of weeks now, we haven't been able to place

June 2, 2022

people in a respite bed. So when it's above that 100 percent of the time...when it's above that graph...those peaks, it becomes a real problem for us, and it's not all the time. You know, it's probably only 20 percent of the time, but if you look at it over the course of a year, that becomes a real problem. COVID positive patients, no shelter or transportation available, during peaks and surges, daily occurrence. Must be independent, so if I can't...if I progress to a point where I can do all my ADLs, but I can't do...I can't shower, no one's going to be...no one...there's no accepting facility, right. Lacks social support network. For patients experiencing homelessness, this is about as sure a thing as you can get. One of the major chronic reasons is we do not have good family, church, caregivers, people that are willing to wrap around them. I mean, we get...we do get people that are helpful, but it is...this is a chronic problem. Nursing facilities, this is not to wag fingers or throw darts, but they do not accept patients that are experiencing homelessness because the chances that they stay beyond an expected length of stay is almost guaranteed. And that's why our length of stay, compared to our peers, is considerably higher. Because we take all these patients, and they stay in longer than what would be medically necessary, but that's part of what we need to do. Substance abuse limiting access, a lot of people are drug dependent...have drug dependencies. And this is when it comes down to personal choice, patients will say, boy, I would love a roof over my head, but not at the...I am sick right now. I need this. I cannot make that decision. And we can't fault them. I mean, they are sick, right? They need real help, and that is an impossible task. I mean that's an impossible decision for them to make. Behavioral health issues, these guys are not bad people, but they have outbursts. They have a lot of mental...many of them have mental health disorders which doesn't allow them to interact in the same way that you and I do. And so it's...inevitably, if they're within...if they're on the streets for long, they can burn that bridge. This happens a great deal. It happens with people that are on those photos. And IV antibiotics, a lot of these people, when they come in, they're sick, and they require antibiotic treatment...significant antibiotic treatment. And the reason why they won't accept them in an open facility is if they have that history, and they go out, and they use . . .(inaudible). . . and they use open line to do it, the chances of them having a real reaction to that is significant, and the literature demonstrates that. And I don't blame them, but this is a big issue. And out of all of these...what we can do...what we'll take away is we'll see how we can stratify this, and then put tick marks to it. It probably won't be as scientific because we don't have, probably, the data systems to support it. But we'll figure out a way to tick mark this stuff and say, hey, this is really...this is really where we need to focus our efforts. But I'll say that, across the board, up and down, it would not uncommon for this...every single one of these things...for us to experience that daily.

COUNCILMEMBER PALTIN: Could you clarify...I guess, you know, that still doesn't give me an idea of the scope, even if you say daily we run across all of these. Could you quantify the number of frequent flyers that you have or maybe, you know, just like in terms of --

MR. EBERSOLE: Yeah.

COUNCILMEMBER PALTIN: -- what (audio interference)

MR. EBERSOLE: Are you talking about just specific patients that experience homelessness,

June 2, 2022

or anyone that may have challenges related to one of these things?

COUNCILMEMBER PALTIN: Both if you're able to, but...you know, how many are homeless, and then how many frequent flyers, I guess you call them, and then how many have challenges upon discharge, if not all homeless folks have these types of challenges upon discharge. Like are we talking --

MR. EBERSOLE: Yeah.

COUNCILMEMBER PALTIN: -- about 20, 50, 100?

MR. EBERSOLE: Yeah.

CHAIR KAMA: So Member Paltin, I'm thinking that...I think we'd all like to know that. And I'm thinking that maybe Mr. Ebersole does not, rightfully, have that in front of him. So would it be better, maybe, if we just wrote to him a letter and ask the questions that you're asking? And so that he could, probably, get a better handle and a more detailed answers to what you're asking. What do you think? Yeah?

COUNCILMEMBER PALTIN: Yeah, that sounds good. I don't know if Attorney Forrest has any suggestion on how we would draft that or --

CHAIR KAMA: Mr. Forrest, are you there?

MR. FORREST: Sure. Thank you, Chair.

CHAIR KAMA: Oh. Thank you.

MR. FORREST: I do have a little experience in the healthcare field, and I have the sympathies of working with accreditation, and I worked in the NCQA accreditation. So I think what Councilmember Paltin is getting at is data that with your matrix...your performance improvement plans related to discharge. And do you have that data...is it public would be the real question. You have the data, but is it public or is that something that you be willing to share with us?

CHAIR KAMA: Thank you, Mr. Forrest.

MR. EBERSOLE: So...I'm sorry, I just want to make sure I understand your question. The process...because that can mean a couple of different things to me. Are you saying that the work in which we're doing to make sure that we improve our discharge process, are those process-related metrics available publicly? Is that the question?

MR. FORREST: Yes. And the data related to those processes. So if you have data, for example, on everyone that's discharged and who...you know, after a follow-up call, who responded, who you never reached again, who you determine to be homeless, that kind of data, which is required for reporting for your accreditation. So it should be --

June 2, 2022

MR. EBERSOLE: And so --

MR. FORREST: -- data that you already have.

MR. EBERSOLE: -- yeah, the...yeah, so obviously we're required to report any readmission and a number of other things related to this. It is available...it is publicly available. All CMS-participating hospitals have to report this.

CHAIR KAMA: Okay.

MR. EBERSOLE: Happy to report...happy to give that to you so you don't have to go searching around for it.

CHAIR KAMA: Thank you.

MR. EBERSOLE: From a State perspective, the State of Hawai'i really struggles in terms of readmission rate. I think they have one of the lowest scores in the country. But we have one of the best healthcare scores in the country, so...

CHAIR KAMA: Yes, we do.

MR. EBERSOLE: So it's something --

CHAIR KAMA: Well, thank you.

MR. EBERSOLE: Yeah.

COUNCILMEMBER PALTIN: Thank you, Chair. And thank you, Mr. Ebersole, Ms. LaCroix, and Mr. Forrest.

CHAIR KAMA: Thank you, Member Paltin. So Member Sinenci, questions for our presenters?

COUNCILMEMBER SINENCI: (audio interference) Chair and mahalo, Mr. Wade [sic] and Ms. LaCroix and appreciate the Q and A. Just to add to those questions, could we also include data on the number of psychiatric unit discharges? Also if they were insured or uninsured if upon being discharged, or if that was a reason for being discharged. And then you mentioned that...were those two cases out at the bus stop, were those homeless cases? Is that the reason why they didn't have any place to go? Is that what you said?

MR. EBERSOLE: Those two...the first two that I'm aware of, they did not have permanent shelters.

COUNCILMEMBER SINENCI: And did you mention that one of them was from Hana?

MR. EBERSOLE: I believe that there was one who had discharged who was waiting to go back to a friend's house who lets him stay on that property in Hāna.

June 2, 2022

COUNCILMEMBER SINENCI: In Hāna, okay. All right, because there is a problem...I mean, there are no buses that go to Hāna if they're trying to put them on a bus to get to Hāna. And so if there are any residents that need...you know, we've had cases where if family is not being informed of Hāna patients being discharged, then they're just kind of trying to hitch a ride back home to Hāna. So we can give you our office number in Hāna if we need to connect them either to the MEO bus that's coming back to Hāna or any family members that will be coming back to Hāna so that we can transport those patients being discharged and do not have a ride back to Hāna. Because we've had patients that, you know, trying to get a ride back to Hāna at 10:00, 11:00 at night. And so we want to make sure that if they are being discharged, and from Hāna, that they be either discharged before noon where we can try and arrange for some kind of transport for them back to East Maui, because it is a far go. And...yeah, I mean, if you can include those...I don't know how many are psychiatric unit discharges. I didn't see any of that in your...and how many are insured or uninsured. Do you...does the hospital continue to service those patients that are uninsured?

MR. EBERSOLE: Absolutely, without question, there is...independent of your ability to pay, if you got a nickel in your pocket or not, we welcome you openly. We do not...the expectation --

COUNCILMEMBER SINENCI: Do you have that information of how many that the hospital --

MR. EBERSOLE: Yes.

COUNCILMEMBER SINENCI: -- subsidizes because of uninsured patients?

MR. EBERSOLE: We do, yes.

COUNCILMEMBER SINENCI: Okay, great. That would be important too. Thank you, Chair.

CHAIR KAMA: You're welcome, Mr. Sinenci. Chair Lee.

COUNCILMEMBER LEE: Thank you. Thank you, Mr. Wade [sic] and Ms. LaCroix, for your presentations. Could we go back to the slide after the last one we just saw? I think it might be number 6, opportunities. The one that says opportunities, number 6. Okay. Okay, so additional...because when we talked about...when Member Sugimura asked about low-hanging fruit, are any of these low-hanging fruit, additional crisis shelter beds? Is this something that you have...you do not have funding for that the County, perhaps, could help you with...additional crisis beds, respite shelter beds? Or is this something that you lobbied the State Legislature for, or wrote for grants? How are we doing with opportunities?

MR. EBERSOLE: ... (inaudible). . . yeah, that's a great question. So these are services which we do not have within our hospital system. So they are outside agencies which we rely on to make sure that we're providing the right service. We always want to be an advocate for supporting our brother and sisters who are doing this really important work. We do

June 2, 2022

have lobbying efforts that try to advance this, in addition to many others. There's a huge gap in skilled nursing facility, and assisted living, and everything else, so we certainly do advocate on this behalf. The bottom three are not...I don't believe are Legislative initiatives. I believe that this is really either . . . (inaudible). . . --

COUNCILMEMBER LEE: So Mr. Wade [sic], do you actually have the funding for the top three?

MR. EBERSOLE: Well, these would not...these would be other organizations that provide these services. So these would be other organizations that would need funding in order to provide --

COUNCILMEMBER LEE: Okay. So for instance, respite shelter beds that you have...I think you said three at Ka Hale A Ke Ola.

MR. EBERSOLE: Well, we lease three.

COUNCILMEMBER LEE: You lease three. So that's something --

MR. EBERSOLE: Uh-huh.

COUNCILMEMBER LEE: -- that you pay for?

MR. EBERSOLE: Yes. Yes.

COUNCILMEMBER LEE: Is there any...do you need funding to lease more than three?

MR. EBERSOLE: I wouldn't say that funding is the right limiting step related to this. We are not making decisions about where patients go or how we engage community groups because of lack...gaps in funding.

COUNCILMEMBER LEE: Oh, okay. Well, this seems to be a problem. And do you belong to the Homeless Alliance?

MR. EBERSOLE: Julie?

MS. LACROIX: Thank you for the question, Councilmember Lee. I would...I don't think we belong to the Homeless Allowance...Alliance. I don't want to misspeak. We are engaged with the social determinants of health collaborative through HAH, which is working with the health plans on some community integration services and emergency housing.

COUNCILMEMBER LEE: Okay.

MS. LACROIX: I think we would welcome additional information on the Homeless Alliance. And then if Mr. Ebersole doesn't mind, I would also add that I feel that Ka Hale A Ke Ola would be a good partner in this conversation.

COUNCILMEMBER LEE: Because it sure sounds like it. And I think that it's important that

June 2, 2022

all of you who provide essential services connect and work together. Now, that would be one...something that you...could be done right away. But in terms of funding, I think, as Member Sugimura mentioned, that's a low-hanging fruit where we can assist with, perhaps leasing more shelter beds as a short-term and interim sort of solution. And the long term, wouldn't you say, is expanding services at your Molokini Ward, for example?

- MR. EBERSOLE: I don't...a lot...so Molokini is our inpatient psych unit, which runs at a very high capacity. I would say that a large cross section of our patients who experience homelessness are coming in for medical conditions. So while we certainly could benefit from having an additional behavioral health services, I do think that a lot of the patients who are transitioning out of our hospital are actually doing so because...for medical conditions, and they're not actually receiving treatment in Molokini.
- COUNCILMEMBER LEE: So I think in order to, let's say, avoid the problem of having discharged patients stay temporarily in bus shelters--I heard you mention security--security could report that to the hospital, and the hospital could then talk to one of your partners, like Family Life Center or Ka Hale A Ke Ola, so that these people are not left there to fend for themselves, basically, and we can avoid this problem in the future. Any comments?
- MR. EBERSOLE: Yeah, I think that's a great recommendation. And I think that our...the group that is really responsible for coordinating their care, they desperately do everything that they can to try to reach out to the partners. And if there's certainly a gap in communication, we need to fix that.

COUNCILMEMBER LEE: Yeah.

MR. EBERSOLE: But thank you.

COUNCILMEMBER LEE: Okay. Thank you. And again, thank you for your presence and your presentations. Thank you, Madam Chair.

CHAIR KAMA: You're welcome, Ms. Lee. Mr. Johnson?

COUNCILMEMBER JOHNSON: Thank you, Chair. Good afternoon, everyone. I really appreciate your slides and your presentation because as you can all hear, from the questions from the Councilmembers, how important this issue is. So I have just a few questions. One of the...you know, one of the things you mentioned in your opportunities was looking for more partnerships. Well, I just got to tell you, Maui Rescue Mission has been wanting to step up and help out with this particular issue. So I encourage you to reach out to Maui Rescue Mission. And if you have trouble, I'll send you a letter. I'll give you their contact, if you need it. But they're...they would be perfect to come help you with that particular concern. Substance abuse limits access to programs...that's kind of confusing to me because...let me shut my door. I'm sorry, I have chickens outside. ...(laughing). . . The substance abuse limits access to programs. I thought like Aloha House, that's specifically what they're there for. So if someone is struggling from substance abuse, wouldn't you refer them to that? I mean, isn't that exactly their

June 2, 2022

duty?

MR. EBERSOLE: Uh-huh. Yeah, I'll let Julie kind of chime in on this. There is a...a lot of these patients have really complex needs. And so not all patients with drug dependencies are eligible for certain programs. But what we do see is patients who experience homelessness that do have a drug dependency, sometimes they will make a decision not to enter into a respite arrangement because it's a very difficult choice to make. So not all of our patients would be eligible for those programs because of whatever (audio interference) --

COUNCILMEMBER JOHNSON: (audio interference)

MR. EBERSOLE: -- behavioral, mental health, medical need that they might have.

COUNCILMEMBER JOHNSON: I understand that. So let's ask about the respite beds. Do you have respite beds in-house, in your hospital? Do you have respite? Now, I don't...that's the part I don't understand. Why don't you? Isn't that...wouldn't that be the perfect place for that? What's the reason stopping you from having respite bed in the hospital?

MR. EBERSOLE: Yeah. So they're...we're an accredited hospital. We don't have licenses for post-acute care. The very short answer is, every single bed that we have, almost all the time, is to address a community-acute need. Now, at any given time, we have a number of patients who do...who are not being required to have acute care being delivered to them, and they're just in the process of moving through the system. But we have a real gap, I mean this hospital was built for a population and health need that was about 50 years ago. And this...the State and everyone else has done a great job of trying to keep up, but that...those are two major components. And we know what we do well, and we deliver acute care really well. The post-acute care are things that our other partners do a lot better than what we can.

COUNCILMEMBER JOHNSON: All right. So I have a lot of questions, so I'm just going to try to go through as fast as I can. So, you know, when COVID first came out, we...the County set up a area near the airport where we have the rent-a-cars. And that was...because rent-a-cars got shut down, there was no more rent-a-cars, no more tourists. So that area became Q...Area Q, which means quarantine area, right? So the Mayor's Administration has a bunch of trailers over there for that specific person --

MR. EBERSOLE: Uh-huh.

COUNCILMEMBER JOHNSON: -- any person who has COVID, they can quarantine in, like, these little trailers. Now, I implore you, I beg you to please reach out to the Administration. Maybe some way you could say, look, these folks have COVID, we can't transport them, but we can take them to Area Q. That sounds so nefarious, but it's the quarantine area, right. And that's like...that's specifically built for the...our pandemic that we're going through. So please, I beg you, reach out to the Administration, see if you can work with them on something like that. The other question I have is...you

June 2, 2022

know, we...this is what we're hearing on the street, is that homeless person, or someone who's struggling, got discharged in the middle of the night, but our service providers aren't open in the middle of the night. They're not open on the weekends. They're not open at the particular time. So do you coordinate with them? Is there a time where like, okay, we already know it's Memorial Day weekend. You know, this might be a problem if we discharge this person, right? So do you guys coordinate and...with our service providers?

MR. EBERSOLE: Absolutely. And that's a core function of what Care Management does. So I can say that a patient who is being discharged from the hospital is not being discharged in the middle of the night.

COUNCILMEMBER JOHNSON: Okay.

MR. EBERSOLE: We look at (audio interference) statistics really carefully, and about 88 percent of our patients are discharged before 11:00 a.m.

COUNCILMEMBER JOHNSON: Okay.

MR. EBERSOLE: And it is always in conjunction with where they're going for the next step.

COUNCILMEMBER JOHNSON: So in your data that you have, would you share with us the times that you do discharge them? Because --

MR. EBERSOLE: Yeah.

COUNCILMEMBER JOHNSON: -- maybe some...I mean, I know you're saying that but, you know, maybe somebody fell through the cracks, I don't know. But we...I would really like that data to show that, yes, we...you know before 11:00, and nobody's getting discharged. Like what Councilmember Shane Sinenci said, it's like what if the pharmacy is closed, they can't even go and get their meds. So I know it's tricky --

MR. EBERSOLE: Yeah.

COUNCILMEMBER JOHNSON: -- because you're releasing someone from the hospital, but they might need some more additional...you know, the pharmacy, or they have to go to a place. But if that place isn't open, then they're out of luck. So if you could include that in your data, that would be lovely. The third thing about the data on your discharge, do you ever trespass people, and do you keep track of the amount of trespasses you issue?

MR. EBERSOLE: I'm not sure if I know that answer. I can speak...so I've been at Maui Health for about ten months now. I can say at previous places, that was an...that was a measure of last resort. I will follow up on that. I will say that we defend, to the hilt, our caregivers when they are assaulted by people. And when our nurses and care delivery people are physically assaulted, we take appropriate action, and sometimes that can mean a trespass if they're on site without a clinical need. So...but I will follow up with

June 2, 2022

you about that question.

- COUNCILMEMBER JOHNSON: Okay, great. I think those are all my questions right now. Let me just check one...oh. The last thing is, you know, I mentioned Maui Rescue Mission, they're...they have ties to faith-based organizations. And I'm wondering if you have reached out to our faith-based organizations? I saw some lists, you know, but there are churches, there are people who might be able to help you in that regard.
- MR. EBERSOLE: You know, I think we need to do a better job of it, to be honest. They're a key part of our community, and we need to bring them in because these are the people that are sharing the line with our core mission. And I think that's a great point, Councilmember Johnson. And we'll...we need to do a better job of reaching out to these folks to see how they can support our community.
- COUNCILMEMBER JOHNSON: Yeah. You know, as far as the things that you wanted to have better partners out there with bigger capacity. I know this Council funded the expansion of a 12-bedroom dorm for Aloha House. And that will be happening...I wish it could happen tomorrow, but, you know, down the line, that will happen. So that's all my comments, and I really appreciate, you know, you guys coming out and testifying...or speaking with us and giving us a presentation. And Committee Chair Tasha Kama, I want to thank you for allowing me to come in and, you know, letting me speak. And unfortunately, I have another meeting, but I just wanted to come in and thank you so much. Mahalo, Chair.
- CHAIR KAMA: Oh, you're very welcome. And thank you for coming in, for asking all your questions because as the Chair of the Homeless and Housing Committee, it's important, you know, that you know what's going on in all the Committees, especially those that impact your Committee. So I thank you, Mr. Johnson. And I'm sorry you have to leave, but I understand that too. But have a good day, and we'll see on the next meeting. Thank you. So it seems to me, Members, that our hospital is...we are making a big attempt and a huge reach out to our community partners. And I think Chair Lee suggested to them to try to get on the Maui Homeless Alliance's agenda because you're going to meet a whole lot of people. Maude is part of that group. And it's just a consortium of providers who love our people, who love our community, and who are concerned about, you know, how we can work together to lift up the members of our community who are in more support and more need than we are. Thank Member Paltin, for all the questions and for the letter that we're going to send forth to you. And Members, if you have any other questions that you'd like to include --

VICE-CHAIR SUGIMURA: Chair?

CHAIR KAMA: Yes.

VICE-CHAIR SUGIMURA: You sound like you're closing.

CHAIR KAMA: Yes.

June 2, 2022

VICE-CHAIR SUGIMURA: I want to hear from Lori Tsuhako. She's been --

CHAIR KAMA: Oh. No, no, no. No, I'm not closing --

VICE-CHAIR SUGIMURA: Oh.

CHAIR KAMA: -- I haven't finished yet. But...yeah --

VICE-CHAIR SUGIMURA: Sorry.

CHAIR KAMA: -- and I realize that Director Tsuhako is here, and I just wanted to make sure that I didn't forget to tell the Members about this, so...but, yes...so I would like to invite Member [sic] Tsuhako, you know, to make some remarks. But...yeah. So Members, so if you would like and you want to...and you have other questions, please send it to the Committee so we can include that in the questions that we're going to send to our hospital administration. So Lori, Director of Housing and Human Concerns.

MS. TSUHAKO: Thank you, Madam Chair. Just want to ask Mr. Ebersole a question. So Mr. Ebersole, is there someone from the hospital staff that you would designate as a person our social service system can coordinate with? I'm happy to assist the hospital in making those connections to the service system so that some of these ongoing discussions can happen, and be convened in more detail. If you would identify somebody, I'm happy to share my email and contact information to facilitate that process.

MR. EBERSOLE: That would be welcome, Director. And I would offer up Julie LaCroix, who's been with us today. She will serve as the main point of contact, and she would be the right person as she's really in charge of air traffic control when it comes to these things...so, yes, Julie.

MS. LACROIX: I'd be delighted.

CHAIR KAMA: Was that it, Lori? You didn't have anything to ask or to...okay, comment? Okay, thank you. And I think...Member Paltin, did you have a last question that you wanted to include in the data gathering?

COUNCILMEMBER PALTIN: Yes, Chair. Thank you. I kind of typed it in the chat.

CHAIR KAMA: Oh.

COUNCILMEMBER PALTIN: I just was wondering if they have record or keep track of how many of their homeless clients are either native Hawaiian or part Hawaiian. And maybe we can pull in additional resources for --

CHAIR KAMA: Yes.

COUNCILMEMBER PALTIN: -- those folks.

June 2, 2022

MR. EBERSOLE: So that is a great question. Without getting into the details, I don't know if this is a category within our medical record that we can stratify by. Certainly we collect demographic information related to race and ethnicity. I just do not know if there is a filter where we can pull down that includes permanent housing. But that is a follow-up question that I will explore and I'd be happy to share that information with you if it is available.

CHAIR KAMA: Okay.

COUNCILMEMBER PALTIN: Thank you. I just was thinking there might be additional resources for that subset we could try and pursue.

MR. EBERSOLE: Wonderful.

CHAIR KAMA: ... (inaudible). . .

MR. EBERSOLE: Thank you.

CHAIR KAMA: Absolutely. So, Members, are there any other questions that you'd like to ask --

COUNCILMEMBER LEE: Yes.

CHAIR KAMA: -- either Mr. Embersole [sic] or Ms. Cummings? So I heard a yes.

COUNCILMEMBER LEE: Yeah.

CHAIR KAMA: Was that from you, Chair?

COUNCILMEMBER LEE: Yes, me.

CHAIR KAMA: Yes. Go ahead.

COUNCILMEMBER LEE: I'm sorry, I was calling the gentleman Mr. Wade. Your last name is Embesole [sic], did I hear?

MR. EBERSOLE: I go by many things, but Wade or --

COUNCILMEMBER LEE: Yeah. Okay. All right.

MR. EBERSOLE: -- Wade is fine.

COUNCILMEMBER LEE: Similar question as the previous speaker, Member Paltin. She asked about native Hawaiians and do you have records on...if it's possible to disclose, on veterans? How many veterans you have there, yeah? Thank you.

MR. EBERSOLE: Yeah, happy to...that might be a little bit harder, but we will look into veteran

June 2, 2022

status in addition to race and ethnicity.

CHAIR KAMA: Oh, thank you. Thank you. I think...Mr. Forrest, do you have a question? Corp. Counsel, are you there? I thought I saw that in the chat, he had a question. Yes, Ms. Lee.

COUNCILMEMBER LEE: Yeah.

CHAIR KAMA: Chair.

COUNCILMEMBER LEE: I forgot to thank Director Tsuhako for offering to help connect --

CHAIR KAMA: Yes.

COUNCILMEMBER LEE: -- the hospital with other service providers on an ongoing basis, because that is so important.

CHAIR KAMA: Yes.

COUNCILMEMBER LEE: Thank you. Thank you, Lori.

CHAIR KAMA: Yes. Mr. Forrest, are you there, and did you have a question? I saw that in a chat. I don't see him. Does anyone see Mr. Forrest? Yeah, neither do I.

VICE-CHAIR SUGIMURA: Mr. Kunkel popped up from Corp. Counsel.

CHAIR KAMA: Oh.

MR. KUNKEL: I just wondered if you were asking me a question, but apparently not. My mistake.

CHAIR KAMA: Thank you, Mr. Kunkel. Yeah, I saw in the chat that Mr. Forrest had a question, so I wasn't sure. That may have been something he . . . (inaudible). . . oh, there you are, Mr. Forrest.

MR. FORREST: Yeah, that was from earlier on, Chair.

CHAIR KAMA: Okay. Okay.

MR. FORREST: Thank you.

CHAIR KAMA: Just wanted to make sure. Okay. So Members...yes, Mr. Sinenci, and then Ms. Paltin.

COUNCILMEMBER SINENCI: Thank you, Chair, just a few comments. I just wanted to thank our resource personnel today and coming and sharing this with us. We've been busy with our individual Committee items. So I really appreciate --

June 2, 2022

CHAIR KAMA: Yeah.

COUNCILMEMBER SINENCI: -- this, Chair Kama, for bringing this to our attention. We're here to help, always, so never --

CHAIR KAMA: Yes.

COUNCILMEMBER SINENCI: -- feel like you're in this alone. We're all Maui County, so --

CHAIR KAMA: Absolutely.

COUNCILMEMBER SINENCI: -- we want to offer our support too. Thank you.

CHAIR KAMA: Thank you, Mr. Sinenci. Ms. Paltin.

COUNCILMEMBER PALTIN: Thank you, Chair. My question for this opportunity would be for Ms. Cummings.

CHAIR KAMA: Yes.

COUNCILMEMBER PALTIN: Thank you. I heard pretty clear of what Family Life Care [sic] Centers...like, I guess, was it...mandated outcomes were, and that this isn't part of what their funded for. But, you know, if somebody can't move and they're at a bus stop for two weeks or a week, obviously, they need help. And I just was wondering if it was something that you would put a proposal together for, like case-by-case basis, that's...the worst-case scenario, like how you did the past few times. If we all were to get a call from Ms. LaCroix or a situation like that, is that something that you would be open to?

COUNCILMEMBER LEE: She's muted. She's muted.

CHAIR KAMA: (audio interference)

MS. CUMMINGS: Sorry, can you hear me now?

CHAIR KAMA: Yes.

MS. CUMMINGS: Yeah, it's something that we don't really have the capacity to do, and we will do it because...you know, just because our heart goes out and we don't ever want to...we don't like seeing people in that situation. But we are limited. In fact, this last week we had another case where the person had come from the mainland, was on their way to Korea. She is not...does not have a mental capacity to even articulate to us what her needs are, so we can't communicate with her. We can't really put her into our regular shelter because we would not be able to talk to her, or even identify what she needs. And so had we not already had somebody in...on our facility that had some really complex needs, we might have considered doing the same thing, but we had to say no.

June 2, 2022

We did make contact with...we will...our goal is always to find family, or friends, or any kind of, like Wade suggested, community support. So we were able to find a son on the mainland, and we are trying to facilitate him coming here to pick her up, but we just haven't been able to do that right now. So we would really have to look into it. We would have to increase our capacity and get a better situation where maybe if we had a room for a individual case that we could do, at least, something, where the person is not on a pallet on the floor. But it's something we could look into, but right now we don't have the capacity to. And I did want to speak to the COVID cases right now. Department of Health will not take any homeless clients for COVID. So we have set aside...we have an apartment...a small apartment complex. We've set aside one of the rooms in case one of our shelter clients is COVID positive because we have tried, but we have no place to send them to. So we have to have a room or something that...where we can house COVID-positive clients.

COUNCILMEMBER PALTIN: And... (audio interference)

MS. CUMMINGS: I'm sorry, what was the question?

COUNCILMEMBER PALTIN: I was wondering if somebody could stop that.

MS. CUMMINGS: What was the question again, I'm sorry?

COUNCILMEMBER PALTIN: Okay.

MS. TSUHAKO: Maude, I think you need to mute yourself.

COUNCILMEMBER PALTIN: Hello. Good. Okay. I was wondering if you were aware of any of the other members of the Homeless Alliance or another entity that might be able to do it, or because you guys were the folks that did it, there's nobody else with that capacity currently...or ability. I'll mute myself.

MS. CUMMINGS: I don't know of any other organization that would have the capacity. I do want to say that over the course of the last 20 years, we have...the Homeless Alliance, as well as Family Life Center, individually, we have tried to work out a plan with the hospital. But it seems that with a lot of personnel changes, management changes, it always seems to get dropped because it doesn't get imbedded into the protocols, and so we have to start all over again. So I welcome the opportunity to know who to contact, and that we can...I'm sure the Maui Homeless Alliance is more than interested and willing in partnering.

COUNCILMEMBER PALTIN: Thank you. Thank you, Chair.

CHAIR KAMA: You're welcome. I see...Director Tsuhako, yes.

MS. TSUHAKO: Yeah. Thank you again, Madam Chair. So, you know, one of the things that the Department has been trying to help with is facilitating processes where we can develop programs to address needs such as this.

June 2, 2022

CHAIR KAMA: Yes.

MS. TSUHAKO: We've been...we've convened several meetings now with our social service partners, as well as with Mālama I Ke Ola, to follow through on a recommendation made by the Commission on Healing Solutions for Homelessness --

CHAIR KAMA: Uh-huh.

MS. TSUHAKO: -- to develop what's called a medical outreach model --

CHAIR KAMA: Yes.

MS. TSUHAKO: -- which is to imbed a certified physician or physician's assistant, somebody who is capable of both prescribing medication, and signing HUD certification of some...of a homeless individual's disability status --

CHAIR KAMA: Uh-huh.

MS. TSUHAKO: -- so that we can facilitate that person becoming eligible for --

CHAIR KAMA: Uh-huh.

MS. TSUHAKO: -- housing subsidies through HUD --

CHAIR KAMA: Uh-huh.

MS. TSUHAKO: -- because that is a requirement of that. And so we've been working on this for several months now. And it's not a fast process, like we don't just, you know, do *I Dream of Jeannie* and . . . (inaudible). . .

CHAIR KAMA: Yes.

MS. TSUHAKO: It's (audio interference) we have to plod through. We have to know what we want to accomplish. We want to have a formal evaluation of our project imbedded in it so that at the end of this pilot project, we can show everyone, including the community, including the Council, data about whether it was effective or not. Because why are we funding more stuff that we cannot prove is effective in getting people from the streets into housing?

CHAIR KAMA: Right.

MS. TSUHAKO: We, meaning the Department, is working with several partners to get to this point where we can roll out a medical outreach program which, I think, we might be able to supplement some of the work being done by Family Life Center and their partners in outreach, with that medical piece, along with, perhaps, partnership with the hospital to look at --

June 2, 2022

CHAIR KAMA: Yes.

MS. TSUHAKO: -- intermediary...intermediate steps to getting somebody a place in a temporary housing situation where they can receive care --

CHAIR KAMA: Yes.

MS. TSUHAKO: -- not be in the hospital --

CHAIR KAMA: Yeah . . . (inaudible). . .

MS. TSUHAKO: -- but receive care, and then use that time that they're both in the hospital and in that intermediate place where we can work on getting those housing documentation, the housing process achieved, so that ultimately, the outcome is going more favorable, right. Not just for that --

CHAIR KAMA: Yeah.

MS. TSUHAKO: -- individual client, but also for the hospital because they're not going to be dealing with a readmission --

CHAIR KAMA: Yes.

MS. TSUHAKO: -- of this person, right?

CHAIR KAMA: ... (inaudible). . .

MS. TSUHAKO: So their readmission statistics will improve.

CHAIR KAMA: Yeah.

MS. TSUHAKO: This individual's condition will improve, and we'll...we'll keep one more person from becoming homeless again.

CHAIR KAMA: Absolutely.

MS. TSUHAKO: So, you know, I ask for patience. I ask for the cooperation of all of our partners. But we want to put together programs that actually make sense, not just slap together something that, you know, I dream about at night. I want it to make sense. I want it to have a nexus between what the need is, what the resources are, and have it evaluated so I can come to you and say, here's what we put together, here's our outcomes, and this is what happened at the end.

CHAIR KAMA: Oh, that's wonderful.

MS. TSUHAKO: And this is why I'm asking for, you know, X amount of dollars. So it's not just

June 2, 2022

throwing dollars at the program. It's really building a program in a thoughtful, realistic and effective way to get to the outcomes that our community (audio interference) thank you. We're working on that right now, Madam Chair.

CHAIR KAMA: Thank you. Because, you know, the intent of having today's meeting was to hear what those challenges are, what are the obstacles, and what are the potential solutions and opportunities that we...so that this bus stop issue doesn't happen. That when they do have an unsheltered person who doesn't have a place to go, that there's somebody they can call. There'll be somebody that can actually verify that this is a HUD suitable person, and we have a place for them, and...so thank you for starting to work on that solution, and for bringing it up to us today. Because I think all the questions that the Members were asking today were all about trying to get to the solution, and trying to get more information about so it's clear to us, what else do we...so what else do we need to know, what else do we need to do so that we can help to uplift these members of our community. So thank you, Ms. Tsuhako. So Members, I'm sorry we didn't take our afternoon break, but if you are all good with all your questions, and if you are happy with the presentations that you have heard by Mr. Ebersole, and Ms. LaCroix, and Ms. Cummings, I'd like to be able to, without objections, thank them for today, and maybe end our meeting...if that's okay with you all?

COUNCILMEMBERS VOICED NO OBJECTIONS

CHAIR KAMA: Well, Members, thank you so very much for your patience, your tolerance, all your questions, and the questions that we'll send to Mr. Ebersole. Therefore, if there are no objections, the Chair will defer this item.

COUNCILMEMBERS VOICED NO OBJECTIONS

ACTION: DEFER pending further discussion.

CHAIR KAMA: Thank you very, very much. So thank you, everyone, for attending today's meeting. The time is now 3:18 p.m., and today's Human Concerns and Parks Committee is now adjourned. Thank you, everyone. . . . (gavel). . .

HUMAN CONCERNS AND PARKS COMMITTEE

Council of the County of Maui

June 2, 2022

ADJOURN: 3:18 p.m.

APPROVED:

TAŠHA KAMA, Chair

Human Concerns and Parks Committee

hcp:min:220602min:th

.

Transcribed by: Tricia Higa

HUMAN CONCERNS AND PARKS COMMITTEE

Council of the County of Maui

June 2, 2022

CERTIFICATION

I, Tricia Higa, hereby certify that pages 1 through 34 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 28th day of June 2022, in Mililani, Hawai'i

Tricia Higa

(picus