



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
 Hawaii County Subarea Health Planning Council

DRAFT
Meeting Minutes

April 30, 2026

1:00 PM | Hawaii Time

Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Hannah Preston-Pita, Tamia McKeague, Roxie Rowe, Amy Feely-Austin, Allen Novak

MEMBERS ABSENT: Stacey Haumea, Evelyn Kaneshiro

SHPDA: Jack Lewin, Darryl Shutter, Terry Visperas,

ATTENDANCE RECORD OF APPOINTED MEMBERS

| Date | 2/18/2025 | 3/18/2025 | 4/18/2025 | 07/15/2025 | 09/16/2025 | 10/21/2025 | 11/18/2025 | 3/6/2026 | 3/30/2026 |
|---------------------|-----------|-----------|-----------|------------|------------|------------|------------|----------|-----------|
| Amy Feeley-Austin | - | - | | - | X | X | X | X | X |
| Stacy Haumea** | 0 | X | 0 | X | X | X | X | X | 0 |
| Tamia McKeague* | X | X | X | X | X | X | X | X | X |
| Allen Novak | | | | X | 0 | X | X | X | X |
| Hannah Preston-Pita | X | X | 0 | X | X | X | 0 | X | X |
| Roxanne Rowe | X | X | X | X | X | X | X | X | X |
| Evelyn Kaneshiro | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Legend: X=Present; O=Absent /=No Meeting *-Chair, **-Vice Chair

https://www.zoomgov.com/rec/share/r5foMjukSXTYYOq9_HZw0L1SWeOu3PnkWzu90_pQnX7u8PmhT3-DinuaVDSH5BxY.a2dv46M9vfHlqOmo
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| TOPIC | DISCUSSION | ACTION |
|---|---|--------|
| <p>Call to Order</p> <p>Roll Call</p> | <p>The meeting was called to order at 1:01 p.m. with T. McKeague, Chair, HCSAC presiding.</p> <p>Member and staff roll call.</p> | |
| <p>Certificate of Need Review:</p> <p>Adjournment</p> | <p>Application #25-11 from Hawaii Island Sober Living, LLC for the establishment of an 8 bed Special Treatment Facility at 73-4592 Hawaii Belt Rd., Kailua-Kona, HI, at a capital cost of \$2,311,900</p> <p>There were no conflicts of interest declared.</p> <p>John Burke presented an oral summary of the application. Public testimony was provided by Chandler Blanks, Angela Robinson, Angie Vila, Kevin Deeds, and Eliza Wiley. The Council members asked questions of the applicant regarding the Certificate of Need criteria. Questions included but were not limited to: the capital cost of the project, the benefits to the community of becoming licensed as a special treatment facility, the accessibility of the service to low-income persons, and the applicant’s plan for developing continuity of care with other resources that exist in the community.</p> <p>After the question-and-answer period, it was moved/seconded to recommend approval of the application. The motion to recommend approval included a review of the application’s relationship to Certificate of Need criteria, attached to these minutes as Attachment A.</p> <p>Members voted YES – 5, NO – 0, to recommend approval of the application.</p> <p>The meeting was adjourned by Chair Tamia McKeague at 2:05 pm.</p> | |



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

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May 18, 2026

To: Certificate of Need Review Panel
Statewide Health Coordinating Council
Administrator, State Health Planning and Development Agency

From: Tamia McKeague, Chair ~~for~~
Hawaii County Subarea Health Planning Council

SUBJECT: Certificate of Need application #25-11 for standard review from Hawaii Island Sober Living, LLC for the establishment of an 8 bed Special Treatment Facility at 73-4592 Hawaii Belt Rd., Kailua-Kona, HI, at a capital cost of \$2,311,900

The Hawaii County Subarea Health Planning Council met on April 30, 2026 to review the above-noted application.

The Council recommends approval of this application by a vote of 5 to 0 and offers the following comments regarding the application's relationship to the Certificate of Need criteria:

- 1. Relation to the State Health Services and Facilities Plan:**
The proposal is consistent with the State Health Services and Facilities Plan.
- 2. Need and Accessibility:**
The applicant has demonstrated that there is a need for the proposed service that is not being adequately met at this time.
- 3. Quality of Service/Care:**
The applicant has a plan in place for providing quality care including obtaining State licensure as a Special Treatment Facility.
- 4. Cost and Finances:**
The proposal is financially feasible.
- 5. Relation to the Existing Health Care System:**
The applicant will integrate its service with community partners.
- 6. Availability of Resources:**
The workforce resources appear to be available for the proposed project.