



**BIG
ISLAND
SUBSTANCE
ABUSE
COUNCIL**

16-179 Melekauiwa Street
Keaau, HI 96749
Phone: 808-969-9994
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Senate

Chapter 42F Grant Application

Fiscal Year 2015

House District _____

Senate District X

THE TWENTY-EIGHTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Log No:

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Recipient" means any organization or person receiving a grant.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): _____

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
Big Island Substance Abuse Council

Db/a:

Street Address:
16-179 Melekaiki Street Kea'au HI 96749

Mailing Address:
16-179 Melekaiki Street Kea'au HI 96749

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name DR. HANNAH PRESTON-PITA

Title Chief Executive Officer

Phone # (808) 969-9994 x 827

Fax # (808) 969-7570

E-mail dr.hannah@bisac.com

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
- FOR PROFIT CORPORATION INCORPORATED IN HAWAII
- LIMITED LIABILITY COMPANY
- OTHER
- SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

VEHICLE PURCHASE TO EXPAND BEHAVIORAL HEALTH SERVICES TO CLIENTS WHO LIVE IN RURAL AREAS OF THE ISLAND OF HAWAII

4. FEDERAL TAX ID # _____

5. STATE TAX ID # _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2016: \$ 187,045

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ _____
 FEDERAL \$ _____
 COUNTY \$ _____
 PRIVATE/OTHER \$ _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE

AUTHORIZED SIGNATURE

HANNAH PRESTON-PITA PSY.D., CSAC, CEO

NAME & TITLE

1/20/15
DATE SIGNED



RECEIVED
1/29/2015
D. [Signature]

Application for Grants

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

The Big Island Substance Abuse Council (BISAC) is a 501(c)(3) a nonprofit organization which has been in operation since 1964. CARF accredited and supported by the Hawai'i Island United Way, the BISAC provides culturally appropriate, evidence-based behavioral health care treatment. In over 50 years of providing service BISAC serves socially and economically dislocated individuals: substance abusers, criminal offenders, the homeless, persons with chronic health and social problems, the mentally ill, and persons with HIV/AIDS. Services include substance abuse treatment, education and prevention services for individuals and their families who suffer as a result of alcoholism and drug addiction, as well as mental health services. BISAC's policies and procedures comply with all State and Federal laws prohibiting discrimination against all individuals regardless of their race, color, national origin, religion, creed, gender, sexual orientation, age or disability. The agency strives to instill dignity, respect, hope and compassion to all clients and their families.

BISAC's positive reputation has been a long standing influence in the community, providing a comprehensive continuum of substance abuse treatment services which include Intensive Outpatient (IOP), Outpatient Treatment (OP), Therapeutic Living Programs (TLP), Clean and Sober Housing and Mental Health Services for all of Hawai'i County as well as mental health services through their Hawaii Island Health and Wellness Center (HIHWC). Current adult outpatient sites are located on the island of Hawai'i in Hilo and Kona; adolescent outpatient sites on the islands of Hawai'i; servicing over thirty-two (32) school based programs throughout the island of Hawai'i ; Mental health services in Hilo; three (3) Therapeutic Living Programs (Hilo), two (2) clean and sober living programs (Hilo); Employee Assistance Programs (Kokua EAP) on the island of Hawai'i; and a new facility opening at the Kea'au Hawaii Island Health and Wellness Center an expansion of mental health services for all ages. Current services continue to inspire and enrich lives by improving the lives of individuals, their families and responding to the community's needs in times of disaster. Most recently BISAC has provided wrap around services to assist the Hawaii Island United Way and County efforts with the current lava flow threatening the Puna District.

2. The goals and objectives related to the request;

BISAC is an innovative behavioral health care provider dedicated to improving lives. BISAC's mission is to inspire individuals to reclaim and enrich their lives by utilizing innovative resources and harnessing the strengths within each person.

With this request for aid, BISAC is respectfully seeking funding in the amount of \$187,045 to purchase four (4) 15-passenger vans to provide transportation for clients to receive essential aid and treatment to which they would otherwise not have access. Goals and objectives include:

- Provide transportation services to clients who reside in rural areas requiring treatment
- Expand current mental health services to individuals who live in rural areas for adults, children, families and couples
- Provide support services to the community in times of natural disaster and emergency

3. The public purpose and need to be served;

According to a status report prepared by the Western Interstate Commission for Higher Education (WISCHE) Mental Health Program for the Hawai'i Behavioral Health Services Administration, the current unmet mental health needs in the rural areas of Hawai'i are significant and continue to grow.

The latest person-per-square-foot ratio reported by US Census Bureau makes it seem that Hawai'i is an urban state. However, the Hawai'i Office of Rural Health uses the Research Service Rural-Urban Commuting Areas (RUCA) to determine the rural areas of the state. The RUCA categorizes all islands except O'ahu as a rural area. As the behavioral health work force is most heavily concentrated in densely populated areas, rural populations are often without access to mental health services and rely on their primary care giver for limited mental health support.

Many of the conditions in Hawai'i create unique challenges to behavioral health service provision, including:

- Geography - isolated areas and mountains make it challenging to travel
- Poverty – higher unemployment rates, lack of insurance and inconsistent access to reliable transportation create barriers to accessing affordable mental health care
- Population – a retirement population that is growing faster than the work force (79.7% vs. 37.8%) limits how access to services and treatments
- Increase in Need – growing substance abuse, particularly among adolescents, creates a higher demand for programs, services and treatments
- Natural Disaster – tropical storms and lava flows creates a community demand for mental health support for both victims and first responders
- Shortage of Providers – the following have been federally designated as Mental Health Professional Shortage Areas (MHPSA): County of Puna, County of Ka'u, Bay Clinic, Hamakua Health Center, West Hawai'i Community Health Center

These challenges create pockets of underserved populations in need of professional behavioral health services. By having the means to help those in need overcome some of the physical barriers to accessing much needed services, BISAC can be instrumental in connecting rural populations with affordable, professional mental health services.

Currently, BISAC has an existing fleet of six (6) vans; three (3) of which travel to Laupahoehoe, Puna and Volcano National park and three (3) of which are used for the school based programs in Ka'u, North Hawai'i and West Hawai'i. Each vehicle in the fleet has extremely high mileage, which contributes to the limited areas able to be safely serviced. The addition of four (4) new, 15-passanger vans would allow BISAC to travel island-wide, expanding its outreach to service clients and those impacted by disaster to all areas of the island.

4. Describe the target population to be served; and

BISAC's clients span a broad spectrum of ethnicity, age, gender and socioeconomic. Services are provided to individuals (adults, adolescents and children), groups, couples and families. Services and programs are provided to anyone who is in need of assistance with: substance abuse treatment, substance abuse education, vocational training, anxiety, depression, stress, weight, grief/loss, chronic illness and other mental health concerns.

Between July 2012 and June 2014, Community Based and School Based programs served a total of 412 clients. One hundred and five (105) clients received services in North Hawaii (based on 9 months of data as site closed due to funding reductions), 228 clients were served in West Hawai'i and 448 clients were served in East Hawai'i. Access to additional, and more reliable, transportation will assist more clients in having access to mental health services, thus increasing past numbers served significantly in all geographical regions.

5. Describe the geographic coverage.

Areas served include: Puna, Ka'u, West Hawai'i, North Hawai'i, Hamakua and Hilo.

II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;

BISAC's approach to Chemical Dependency treatment is to promote recovery, growth, and chemical independence for each client we serve. BISAC's substance abuse treatment utilizes a holistic team approach in treating the alcohol/addict in a family style setting that enables individuals to address all aspects of their disease, including the dysfunctional family elements. BISAC's holistic care focuses on treating the biopsychosocial aspects of the client. Integral to our treatment is the continuing care/aftercare component, which

provides the client with skills to prevent relapse and develop lifestyle changes necessary for long-term recovery. Our data suggests that the most successful clients (those with 12 months or more of sobriety) have been those who completed all aspects of their treatment plan. Treatment is geared towards treating the individual who abuses alcohol and other drugs, with the goal of reducing the incidence and debilitating effects of substance abuse on the individual and the devastating consequences impinged on the community.

BISAC believes it is important to address all 'spheres of influence,' not just substance abuse and criminal conduct. That is, the behavior structure — featuring normalized images of drug use and criminal conduct; personality structure — characterized by low value placed on achievement and success along with a poorly developed personal control structure; and perceived environment —steeped in role models and opportunities (including work environment and living situation) that manifest substance abuse and criminal conduct are all important to address since problem behaviors are all related. To isolate drug abuse, or criminal behavior for that matter, as independent problem behaviors, without considering the behavior system along with associated personality and perceived environment structures, would be counterproductive to any attempts at treatment or rehabilitation (Problem Behavior Theory — Harvey B. Milkman and Kenneth W. Wanberg, 2004).

Key programs offered by the agency include:

Adult Outpatient Program

BISAC's East and West Hawai'i Outpatient Programs provide intensive outpatient, standard outpatient and continuing care treatment to adult men and women. Treatment consists of individual/group counseling, couples counseling, family counseling, relapse prevention and recovery skills.

Intensive Outpatient treatment provides a minimum of nine (9) hours per week, up to a maximum of 15 hours per week of face-to-face treatment. One (1) hour of weekly individual counseling is recommended at this level of care. Native Hawaiian Culture is an important part of the Intensive Outpatient experience. Clients are given the opportunity to be in the lo'i and fishpond, working the land and learning about Hawaiian values and practices in a natural outdoor setting.

Standard Outpatient provides 1-8 hours per week of face-to-face treatment. A minimum of one (1) hour of monthly individual counseling is recommended at this level of care.

Adolescent Programs

There are two (2) adolescent programs. One is the Adolescent School Based Treatment. This outpatient treatment is provided at thirty-one (31) different high, middle and charter schools throughout Hawai'i Island using an innovative treatment approach to substance abuse prevention, education and treatment. The other is Adolescent Community Based Treatment, an intensive outpatient treatment available to adolescents in East Hawai'i. Strategic plans are focusing on re-opening a West Hawai'i site. This service takes substance abuse treatment to the next level, giving adolescents the skills to participate in

activities that are beneficial to them and the larger community as well as live a clean and sober lifestyle.

Therapeutic Living and Clean and Sober Program

BISAC's Therapeutic Living Program (TLP) for men provides the planned, supportive structure of a 24-hour staffed facility providing ongoing evaluation, care, life skills training, self-help, encouragement, transportation to social activities and therapeutic services. There is also a specialized TLP program for Pregnant, Parenting, Women and Children (PPWC) program that provides a variety of case management and treatment services focused on women with children in order to ensure the well-being of the mother and to establish a safe, solid and nurturing foundation for the children to grow.

The Clean and Sober Program serves as an interim placement between treatment and transition. Both men's and women's programs are supported by a house manager. Clients are expected to attend meetings, seek employment and take the appropriate steps to transitioning back into society.

Additional programs that are related to the TLP and Clean and Sober Programs are:

Culinary Program

BISAC recognizes that having a purpose and feeling productive can make all the difference. The Culinary Program allows TLP clients to gain valuable professional job training skills and experience in a supportive environment by participating in planning, preparing and serving unique island cuisine through BISAC's INSPIRE Catering Service.

Parent Child Education (STEPS)

The STEPS program is provided exclusively for the Pregnant and Parenting Women and Dependent Children TLP population. The program's main objective is to provide compassionate and helpful information that will assist clients in being the best parents they can be. Clients in STEPS are encouraged to understand their children better through education on child developmental steps as well as helpful discipline techniques and communication tools.

Family Education

Family is important to overall health. Family Education is a program for TLP participants and their families, helping families understand the struggles of an individual seeking substance abuse treatment and supporting the families in providing a nurturing environment upon their loved ones return into the family once treatment is complete.

Po'okela Program

Clients are taught the value of having a vision, setting goals and the steps needed to accomplish these goals. Clients explore career areas of interest and identify the cost and benefits of possible career choices to ensure they are worth pursuing. Through the teaching of Hawaiian values, proverbs and ancestors, BISAC brings a cultural outlook to paving a pathway for success.

Mental Health Treatment Program

Under the name of Hawai'i Island Health and Wellness Center, BISAC provides behavioral and mental health services addressing a wide range of issues. Licensed therapists use Evidence-Based therapies to focus on issues such as depression, anxiety, interpersonal relationships, parenting, adjustment concerns, weight management, smoking cessation, anger management, and sleep difficulties.

BISAC providers empower clients to identify, understand, and reclaim their lives. When symptoms interfere with daily life and normal functioning, triggering distress for the individual and/or their loved ones, help is here. Services are confidential, client centered, and convenient.

Services Provided:

- Treatment of Adults
- Adolescents and Children (Kea'au)
- Individual Therapy, Group, Couple's and Family Therapy (Kea'au)
- Management of: anxiety, depression, stress, weight, grief & loss, chronic illness and chronic pain
- Assistance with: life changes, interpersonal relationships, parenting, substance abuse, domestic violence, anger management, smoking cessation, trauma and coping with disasters

Kokua EAP Program

Kokua EAP Program is an employee benefit that offers confidential short-term counseling, assessment, referral services to employees, couples, and families. EAP staff can meet with employees or supervisors to assist with problem resolution or referral. BISAC currently provides support to various Big Island employers. All EAP services are confidential and a benefit covered by your employer.

BISAC offers support for a wide range of issues which impact overall functioning. EAP services also provide support to employers for:

- Consultations
- Crisis Response and Interventions
- Staff Trainings and Wellness
- Seminars (to enhance well-being and decrease incidents of absenteeism)
- Morale Boosting
- Increasing Productivity
- Enhancing Teamwork
- Preventing Disability Claims
- Improve Organizational Health

Training and Education of Mental Health Providers

To help meet the unmet need for mental health services, BISAC recognizes the growing demand will best be met through a combination of services and striving to alleviate the shortage of qualified mental health providers. To work towards the second goal, BIASC offers:

Certified Substance Abuse Counselor (CSAC)

In Hawai'i there is an incredible demand for Certified Substance Abuse Counselors (CSAC) to help meet the needs that many of our communities are facing. CSACs are educated and qualified to provide assessment, counseling, case management and client education to persons suffering with substance abuse or dependency issues.

BISAC provides support services to individuals seeking to become a CSAC or those wishing to get recertified. BISAC offers opportunities for educational hours needed for CSAC certification and/or recertification (e.g. face-to-face hours and distance learning credits).

Licensure Candidacy/Internship

BISAC is committed to providing support and training to assist individuals in attaining skills in assessment, intervention and various aspects of professional development. As such, its programs focus on a practitioner scholar model (clinical practice).

The Licensure Candidacy/Internship program is a supportive program that provides guidance for individuals seeking supervised hours for licensure and/or internship. The Clinical Supervision program is based on monitoring and ensuring client well-being while supervisees build skills in assessment, intervention and various aspects of professional development. As such, its programs focus on a practitioner scholar model (clinical practice). Supervisees are monitored and evaluated to measure competence in the field. They are provided support to enhance their personal and professional growth as well as to develop and guide their professional practices.

Training and Education

Aligned with BISAC's vision of a community where everyone can be free to live an enriched life of health, happiness and overall well-being, we have created training programs designed to meet specific needs of employers, employees and the community at large.

Some of the training programs BISAC has offered in the past:

- Psychological First Aid
- Motivational Interviewing
- Ethics
- Confidentiality
- HIV/AIDS
- STD's
- Blood-Borne Pathogens
- Suicide Prevention
- Understanding and Preventing Suicide
- Person Centered Treatment Planning
- Consumer Rights and Safety
- Co-Occurring Disorders
- Treatment Planning
- ASAM Criteria
- SMART Goals
- What is Evidenced Based Practice?
- Drug Trends
- Compassion Fatigue: Preventing Provider Burnout
- Enhancing Motivation for Change in Substance Abuse Treatment
- Adolescents with Substance Use Disorders
- Education on Alcohol and Other Drug Use
- Non-Violent Crisis Intervention Training

- Integrating Counseling and HIV & STDs

All services listed above are by BISAC's highly qualified staff which has extensive years of experience within the field and hold various degrees including: a licensed Clinical Psychologist, Doctorate in Psychology, licensed providers with degrees in Clinical Social work, Marriage and Family Therapy, and Social work, four candidates for licensure, eight master's level providers, and personnel with CSAC certifications and successful at recruiting and retaining quality staff.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

The primary anticipated outcome of this request is to increase the number of clients from rural areas who participate in BISAC mental health services. Once the vans have been purchased to facilitate access to services for this target population, BISAC has set forth the following monthly goals:

- East Hawaii Outpatient – 170+ clients per week
- West Hawaii Outpatient – 50+ clients per week
- School Based Programs – 140+ clients per week
- Hawaii Island Health and Wellness Center – 35+/clients per week

2. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

The primary function of BISAC's Quality Assurance Program is to objectively and systematically monitor and evaluate the opportunities to improve client care and to resolve identified challenges. The overall goal is to ensure high quality care by developing mechanisms, which involve both professional and administrative staff in all aspects of the Quality Assurance process. The Quality Assurance Committee is involved in the appropriate allocation of resources including staff allocation using client census, staff to client ratios and number of admissions and discharges. Space Allocation is based on criteria similar to that for Staff Allocation and includes program structure/objectives and scheduling. This is also completed with regular community input during outreaches or community meetings.

Evaluation efforts are directed at collecting qualitative and quantitative information that aims at describing and understanding the population to be served and in identifying the evolving community needs. BISAC's outcome evaluation focuses on measurable changes in the target population that are linked to the treatment services. The outcome evaluation assesses if objectives have been met or the degree to which the variation between the goals and objectives exists. As related to this request, some of the quantitative data collected and evaluated will be the number of new clients who access services with BISAC as a direct result of increased transportation capabilities.

Outcome objectives are evaluated through the Client Data System (CDSR) Discharge and Follow-Up Reports which is conducted six (6) months after discharge from the treatment program regardless of the reason for discharge. The results from these reports drive

clinical indicators for change and/or improvements. The Quality Assurance Committee reviews the results of the outcome evaluation on a quarterly basis to target specific areas of development. All information is aggregated by The Quality Assurance Manager, School-Based Services Coordinator, Chief Clinical Officer and reported to the Chief Executive Officer. The committee meets periodically working towards agency quality assurance goals which in turn the Quality Assurance Manager will report during management meeting (barriers to treatment, recommendations, etc.) and plan of action. It is through this evaluation process that outreach efforts to access rural clients will be evaluated for effectiveness and improved upon if deemed appropriate to maximize client outreach.

4. **List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.**
 The primary measure of effectiveness of grant funds will be reported to the State agency in the form of quantitative data that tracks the monthly number of participants in various BISAC programs. Those individuals who are new to BISAC, and those who access services via BISAC provided transportation, will be highlighted to indicate which clients are directly benefitting from grant funds.

III. Financial

Budget

1. **The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.**
 See GIA page 7 – Budget Justification – Equipment and Motor Vehicles for a detailed cost of this request.
2. **The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2016.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
	Alcohol and Drug Abuse Division - \$3,118,000			

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2016.

For the FY 2016, BISAC has already submitted for the following funding:

Big Island Drug Court – juvenile programs (submitted Dec. 2014) - \$422,851 for 4 years
Big Island Drug Court – adult programs (submitted Dec. 2014) - \$1,524,700 for 4 years
County of Hawai'i – East Hawai'i Substance Abuse Program (submitted Jan. 2015) – \$60,000
County of Hawai'i –Hawai'i Health and Wellness Center Hilo (submitted Jan. 2015) - \$30,000
County of Hawai'i –Hawai'i Health and Wellness Center Kea'au (submitted Jan. 2015) – \$30,000
County of Hawai'i – West Hawai'i Substance Abuse Program (submitted Jan. 2015) – \$30,000

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

BISAC is a nonprofit and has not received state or federal tax credits outside of its exempt status.

5. The applicant shall provide a listing of all government contracts and grants it has been and will be receiving for program funding.

BISAC has a history of verifiable experience obtaining contracts, implementing them, coordinating efforts, reporting on them regularly and achieving outcome goals that resulted in recurrent funding, below is a list of pertinent services that received funding. The funding sources are listed, along with appropriate contacts, who can verify the awarding of the contract to BISAC and provide evidence of demonstrated ability to deliver services satisfactorily for more than 5 years.

ALCOHOL AND DRUG ABUSE DIVISION

601 Kamokila Boulevard Room 360; Kapolei, HI 96707

Terri Nakano (808) 692-7511 Florence Schuh (808) 692-7536

Treatment, TLP Services, School Based Treatment, and Integrated Case Management:

- ASO 10-056 Adult - Substance Abuse Treatment 07/01/2009 –06/30/2013, 4 Year Contract \$5,733,817.00
- ASO 10-071 Adult Substance Abuse Treatment 07/01/2009 –06/30/2013, 4 Year Contract \$636,966.00
- ASO 10-077 Adult School-Based Treatment 07/01/2009 – 06/30/2013, 4 Year Contract \$5,455,000.00
- ASO 10-085 Adult/Child Treatment for PPWC 07/01/2009 – 06/30/2013, 4 Year Contract \$1,000,000.00
- ASO 10-092 Adult – (ICM) – Treatment 07/01/2009 – 06/30/2013, 4 Year

Contract \$1,091,693.00

Program Performance Results: Successful implementation of programs, developed quality assurance measures and increased service delivery to different sites.

ALCOHOL AND DRUG ABUSE DIVISION

601 Kamokila Boulevard Room 360; Kapolei, HI 96707

Terri Nakano (808) 692-7511 Florence Schuh (808) 692-7536

Treatment, TLP Services, School Based Treatment, Integrated Case Management and PPWC

• ASO 14-068 Adult and School Based Treatment 07/01/2013 – 06/30/2015

2 Year Contract \$3,118,000.00

Adult \$101,500.00

Hilo Complex \$580,711.00

Honokaa Complex \$376,431.00

Kau Complex \$375,581.00

Keaau Complex \$254,918.00

Kealakehe Complex \$237,063.00

Kohala Complex \$280,327.00

Laupahoehoe Complex \$102,473.00

Pahoa Complex \$418,001.00

Waiakea Complex \$390,995.00

• ASO 14-053 Adult Substance Abuse Treatment 07/01/2013 – 06/30/2015

2 Year Contract \$1,104,068.00

Adult \$440,000.00

Dual \$41,168.00

Adult ACT222 \$50,000.00

Dual ACT222 \$100,000.00

ICM \$472,900.00

• ASO 14-110 Therapeutic Living Program 01/01/2014 – 06/30/2015

2 Year Contract \$290,000.00

• ASO 14-083 PPWC Adult/Child Substance Abuse Treatment 07/01/2013 – 06/30/2015

2 Year Contract \$536,546.00

Program Performance Results: Successful implementation of programs, developed quality assurance measures and increased service delivery to different sites.

BIG ISLAND DRUG COURT

81-940 Haleki'i Street; Kealakekua, Hawai'i 96750

Grayson Hashida, (808) 443-2201

Treatment IOP, OP, AC:

• J12120 Adult J12120, 07/01/2011 – 06/30/2013, 2 Year \$8,000.00

• J12100 Adult 07/01/2011 to present \$400,000.00

• J12100 Adult Meth Addiction – Big Island Drug Court IOP, OP, AC, TLP \$400,000.00

• J11030 Adult – Big Island Drug Court (BJA Grant) \$25,000

• J11030, Adult TLP 12/23/2011 – 09/30/2013, 2 Year Contract \$150,000.00

Program Performance Results: Successful implementation of programs, developed quality assurance measures and increased service delivery to different sites. Also, provided support and guidance to drug court clients.

BIG ISLAND DRUG COURT

81-940 Haleki'i Street; Kealahou, Hawai'i 96750

Grayson Hashida, (808) 443-2201

Treatment, IOP, OP, AC, Therapeutic Living Program (TLP)

- J12120 Adult, 07/01/2013 – 06/30/2015, 2 Year Contract \$8,000.00
- J12100 Adult, 07/01/2013 – 06/30/2015, 2 Year Contract \$325,500.00
- J11030 Adult, (BJA Grant) 07/01/2013 – 06/30/2014, 1 Year \$16,065.00

Program Performance Results: Successful implementation of programs, developed quality assurance measures and increased service delivery to different sites. Also, provided support and guidance to drug court clients.

COUNTY OF HAWAII

25 Aupuni Street Hilo, Hawai'i 96720

Clarysse Kami Nunokawa, (808) 961-8868

Prevention underage drinking:

- Contract Number c.003033, 09/2011 – 03/31/2012 \$85,328.00

Program Performance Results: Successfully provided preventative interventions to the community at large and provided support to the County of Hawai'i's Underage drinking initiative.

DEPARTMENT OF FINANCE

25 Aupuni Street, Room 118 Hilo, Hawai'i 96720

Gary Tom

County Grants: East Hawai'i, West Hawai'i and Kokua EAP:

07/01/2011 – 06/30/2012, \$21,000.00

Program Performance Results: Successful implementation of programs to support the community at large.

MAUI DRUG COURT

Special Services Branch The Judiciary

2145 Main Street, Suite 206 Wailuku, Hawai'i 96793

Gail Nakamae (808) 244-2891

Treatment:

J10026 Adult In-Custody Substance Abuse 07/01/2011 – 06/30/2013,
2 Year Contract \$372,000.00

Program Performance Results: Successfully implemented program; Outcome data show that recidivism rates following the program and reintegration into the community has improved significantly for drug court clients.

MAUI DRUG COURT

Special Services Branch The Judiciary

2145 Main Street, Suite 206 Wailuku, Hawai'i 96793

Gail Nakamae (808) 244-2891

Treatment:

- J12085 Adult In-Custody Substance Abuse 07/01/2013 – 12/31/2013 \$86,500.00
Program Performance Results: Successfully implemented program; Outcome data show that recidivism rates following the program and reintegration into the community has improved significantly for drug court clients.

HAWAII PAROLING AUTHORITY

Keoni Ana Building
1177 Alakea Street, First Floor Honolulu, HI 96813
Michael Knott, Program Specialist (808) 587-1309

Treatment, TLP:

- Contract #59251 Termed 12/31/2013 TLP \$124,475.00
- Contract #59256 Termed 12/31/2013 Treatment- IOP/OP \$131,000.00
Program Performance Results: Ability to provide housing during treatment. Successfully provided housing for reintegration of individuals following treatment.

HAWAII PAROLING AUTHORITY

Keoni Ana Building
1177 Alakea Street, First Floor Honolulu, HI 96813
Michael Knott, Program Specialist (808) 587-1309

Treatment, TLP:

- Contract #62753 Treatment 01/01/2014 – 12/31/2015
2 Year Contract \$66,750.00
- Contract #62756 TLP 01/01/2014 – 12/31/2015
2 Year Contract \$40,000.00
Program Performance Results: Ability to provide housing during treatment. Successfully provided housing for reintegration of individuals following treatment.

KOKUA EAP

Hapuna Beach Prince/Mauna Kea Beach Hotel
1833 Kalakaua Ave., Suite 610 Honolulu, HI 96815
Lourdette Ontiveros (808) 880-3417

Kokua EAP Contract - No Limit

Program Performance Results: Developed an EAP process for individuals within the workplace.

ALCOHOL AND DRUG ABUSE DIVISION

601 Kamokila Blvd., Room 360 Kapolei, Hawaii 96707
Bernice Strand, Project Director (808) 692-7619
Ohana: Access To Recovery \$60,000.00

Program Performance Results: Developed a protocol to assist clients with case management resources within the agency.

US FEDERAL PROBATION

300 AlaMoana Blvd., Room 2300 Honolulu, HI 96850

Lisa Jicha (808) 541-1338

UA Testing:

0975-12-UA-01W Contract - No Limit

Program Performance Results: Developed systems to support Federal Probation in monitoring their clients.

HALE NANI

Department of Public Services

Hawaii Intake Services Center

1420 Kilauea Avenue #10

Hilo, HI 96720

Kelcie Makaike (808) 933-8831

• Contract 61938 05/28/2014 – 02/28/2015 \$60,000.00

Program Performance Results: Successfully implemented program; Outcome data show that recidivism rates following the program and reintegration into the community has improved significantly for Hale Nani services.

- 6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2014.
\$1,186,965.17**

IV. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

BISAC has a proven record of success in working with the substance abuse and mental health population. The agency's experience with the this population is evident in its years of service in our Outpatient and School Based Services. As further evidence of having had a history of verifiable experience obtaining contracts, implementing them, reporting on them regularly and achieving outcome goals that resulted in recurrent funding, below is a list of pertinent services that received funding. Our current funding sources are listed in Part III, Question 5, along with appropriate contacts, who can verify the awarding of the contract to BISAC and evidence of satisfactory delivery of our services. BISAC's reputation and decades of service has demonstrated the necessary skills, abilities, knowledge of, and experience relating to providing substance abuse services.

In addition, BISAC is a community minded organization who has participated within the capacity of:

- South Hilo Rotary
- Chronic Homeless Coalitions
- Substance Abuse and Pregnancy Projects
- Hawaii Island United Way and County Partnerships for the recent disasters
- Child Abuse Prevention and Neglect Coalition - CJC
- Going Home Consortium
- Health and Wellness Community Committee of the Going Home Consortium
- Non-Profit ED's Club
- Partnership with the Coalition for a Drug Free Hawaii
- Puna Neighborhood Watch
- PCAT-Puna Community Action Team
- Neighborhood Place of Puna Round Table
- Providers of Service (OPS) with Child Welfare Services

Projects and Awards

- BISAC in partnership with the County of Hawaii and Hawaii Island United Way provided Psychological First Aid Workshops to train first responders with the recent Tropical Storms and Lava flow.
- Current partnership with UH Manoa to expand quality assurance and evaluation measures.
- BISAC recently received land to expand cultural integration program for both adults and adults.
- BISAC won 2nd place in the Hogan Business Plan Contest to help expand its culinary program with a Food Truck promoting social entrepreneurship.
- BISAC's annual Summer Jam event to promote awareness saw an attendance of over 4,500 people.
- BISAC's move to enhance services and close service gaps will be opening up a 2nd mental health site (Hawaii Island Health and Wellness Center) to provide services to children, adults, couples, and families.

B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

The Administrative and Fiscal offices of BISAC are located seven miles away from the treatment facility and provide ample parking, which includes handicap parking. There is a large training room equipped with computers, internet access, etc. for the vocational training program.

Outpatient Facilities

BISAC's Outpatient facilities are handicap accessible and meet local/state building codes designated by fire and county agencies. Properties are zoned appropriately to offer Intensive Outpatient Treatment and Outpatient Treatment services to both adult and adult clients. Unless otherwise noted in any Judiciary awarded contract as "restricted funds," BISAC has at its discretion the right to move and upgrade its facilities, shift services to another location better suited to accommodate the needs of the clients and to use awarded monies to cover those services in the event a service is relocated during the term of this contract to another site. Judiciary will be informed at the earliest opportunity so it is fully aware of any decision to relocate services from an existing site. Proposed services will operate out of the following sites:

The East Hawaii facility in Hilo is located on a property on Waianuenue Avenue which has three (3) group rooms, clients' lunch/break room, an outside lunch/break area, six (6) individual counselor offices, three (3) program offices, storage room, locked file room reception area and restrooms. The building next door houses the adult programs including a large group room, offices maintenance room, storage room, a locked file room and work areas. The administrative offices are located less than seven (7) miles away in a professional medical office complex setting. The East Hawaii sites have ample parking which includes handicap parking made available for eligible clients and staff. The site is accessible by public transportation and is within short walking distance of public transportation.

The West Hawaii Outpatient facility in Kona is located in a centralized business area, which has easy access from the highway and is in close proximity to referral sources, Kona hospital and state agencies. There are three (3) group rooms, three (3) upstairs offices, and six (6) counselor offices located on the first floor. There is a locked file area, storage, restroom, lunch/break room and reception area. The building is located off a main transportation route which is accessible by limited public transportation. The facility is also located across from Drug Court which easily facilitates the coordination of services between judiciary and staff who are required to attend judiciary hearings.

Therapeutic Living Programs (TLPs)

BISAC currently has three (3) Therapeutic Living Program (a.k.a. Community Housing Programs) operating on the Big Island (Hawaii) and located in Hilo. All therapeutic living program facilities are currently licensed by the Office of Health Care Assurance (OHCA) and accredited by the Alcohol and Drug Abuse Division (ADAD). According to state regulations, TLP's cannot provide treatment services but are allowed by the licensing and regulating authorities to provide supportive services, such as, drug and alcohol education, vocational classes, self-help affiliation and attendance, spiritual education and/or access to faith-based services, relapse/prevention, and self-sufficiency classes to mention a few.

There are two (2) TLPs for men: One serves eight (8) men and one (1) staff member. One is located in an upper, middle class neighborhood with many of the owner occupants coming from professional or private business ownership backgrounds. The homes easily accommodates the clients. The site easily accommodates the clients and is adjacent an upper middle class area. There are four (4) bedrooms in the home, three (3) full bathrooms, a two car enclosed garage, separate living and dining areas and a modern, large gourmet kitchen. The front and back yard areas are fully fenced and there is a separate laundry area. Clients who are eligible for funding and who are placed in this home would receive treatment services at the Hilo Outpatient which is a 5-10 minute drive from the TLP site. This site is licensed for eight (8) men and one (1) live in staff member. Most transportation is provided by staff with clients from time to time arranging transportation with case managers and/or family members. Client's who need treatment services access services at the Hilo Outpatient office.

The third TLP located in Hilo is funded by ADAD and has restricted funding which serves pregnant women and children only. The funding only covers one (1) child from birth to age three (3) and the pregnant female and/or mother. The home is accredited by ADAD and licensed by OHCA to have seven (7) women and (7) children in the home plus one (1) staff member. The home was built within the past two (2) years and has a fenced in play area for the parent and child for recreational activities. Transportation is provided by BISAC and clients may access public and/or arrange transportation with family members as needed. Referrals to this program mainly come from Child Welfare Services, Social Service Workers on Hawaii Island or neighbor islands as well as OB/GYN physicians. Clients receive treatment services at the Hilo Outpatient Office and a child care worker is available to monitor and care for the babies during the time the mother is attending treatment services.

There is a licensed and accredited TLP facility located in Hilo that has been targeted to serve men. There are no available ADAD funds at this time to cover treatment services at the facility therefore the site remains vacant but has operational possibilities depending on other funding opportunities.

The Therapeutic Living Program homes comply with county zone requirements as well as meet all fire and county building codes. Each of BISAC's Therapeutic Living Programs (TLPs) meet ADAD's General Requirements for Therapeutic Living Programs. All of the Therapeutic Living Programs are currently licensed by the State of Hawaii, Department of Health Office of Health Care Assurance (OHCA).

BISAC also has (2) two clean and sober living programs which provides living options to individuals who are without appropriate living alternatives and who are currently receiving substance abuse treatment. The two (2) homes are in Hilo. One provides housing for men and the other for women and their children.

Hawai'i Island Health and Wellness Center has two locations: Hilo and Kea'au. The Hilo site has two (2) offices and the new Keaau site has five (5) offices and one (1) large group room.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

The BISAC staff is comprised of highly qualified professional who are proficient in their area of expertise. Various assigned members of the Quality Improvement Committee coordinate with the Director of Human Resources to conduct credential reviews of all newly hired staff in order to define the level of clinical privileges appropriate for that staff member. An application is submitted by the respective supervisor of the newly hired person requesting levels of clinical responsibility for that individual and whether those duties should be supervised or may be performed independently (See Attachment A, Credentialing Form [Application to provide direct client services form])

BISAC is committed to maintaining the highest quality of staff for all of the treatment services provided at every site island-wide. All staff meets or exceeds minimum qualifications, including necessary experience for staff assigned to this proposal.

The proposed Staff-to-Client ratio for Intensive Outpatient/Outpatient Services is 1 staff member: 15 clients (based on acuity). Counselors assigned to have only outpatient clients (not intensive outpatient clients) may hold a ratio of 1:33 clients given outpatient services normally require one three (3) hour group a week with only one (1) individual session scheduled for the month, unless clinical justification is provided authorizing more. Supervising the IOP/OP services requires the clinical oversight of someone both familiar with the chemical dependency and mental health issues critical to stabilization and maintaining ongoing recovery for the criminal justice client. The proposed IOP/OP services are overseen by Directors and/or Clinical Supervisors all who currently Hawaii Certified as a Substance Abuse Counselor. Half of the clinical Directors have an advanced degree at this time. For the mental health services, providers see about 15-20 clients weekly.

There is a benefit to the proposed services when the supervisor can bridge various disciplines and strengthen the clinical integrity of the program's services. BISAC is judicious in its use of interns to ensure they are appropriately supervised and to

ensure services are delivered by qualified, experienced staff. The Licensure Candidacy, CSAC training, and practicum opportunities supports training and offers a rotation program to assist in their training but requires supervisors to oversee and only credential interns/volunteers for those skills, abilities which they possess which authorize independent practice, i.e. permitting to provide a level of service with minimal supervision.

BISAC advertises and desires candidates who hold Hawaii Certification as a Substance Abuse Counselor and who have a demonstrated track record of employment in substance abuse treatment and/or mental health services. Staff holding an advanced degree in human services or a related field may provide direct services while waiting to apply for their certification which must be completed within 18 months of hire. While BISAC strives to retain qualified staff, there are times staff may leave for personal reasons, to change careers, financial reasons, or for the need to advance or expand their professional experiences. When these organizational changes occur and staff providing services are not yet certified, they will be supervised by a staff member holding a current state of Hawaii certification.

Regardless of site, our proposed staffing to client ratio allows staff to provide an average of approximately 26 hours of direct clinical services at the IOP/OP level of care. This approach gives the staff member ample time to complete reports, return phone calls to referral sources, do on site visits to referral sources, attend court hearings as necessary, and set aside time for personal and professional growth through training opportunities and clinical supervision.

BISAC's policy is that all staff are required to possess current C.P.R. and First Aid Certifications as well as an annual physical clearance and an annual TB clearance certificate. All clinical staffs engaged in providing direct services receive training in Non-Violent Crisis Prevention Intervention Treatment (CPI) upon hire and thereafter receive a refresher course annually. New staff members are required to present a driver's abstract and criminal abstract from the State of Hawaii prior to hiring. All staff is provided with an orientation when they enter into a position. The orientation also assists staff in developing a personal/professional development plan to maintain/achieve their State of Hawaii Certification as a Substance Abuse Counselor (CSAC).

The primary counselor has duties which include providing screening, assessment, treatment planning and individual counseling. Screening requires the primary counselor to possess the ability to determine if the client served under this proposal is appropriate and eligible for substance abuse treatment. Factors taken into consideration during the screening process are the criminal justice client's pattern of substance use, risk of withdrawal or other health problems affecting their participation in treatment, their psychological stability, primary support network, previous treatment episodes and readiness to change. Behavioral and criminogenic issues are also assessed in order to incorporate these areas into the

treatment plan. The LSI, when provided, assists the counselor in the treatment planning process as well. The primary counselor must also demonstrate the skill to provide assessment services to determine a diagnosis, and to evaluate strengths, needs, abilities and preferences for treatment. The primary counselor then determines the client's level of care by using the American Society of Addiction Medicine (ASAM PPC-2R) Criteria to evaluate the client's six major dimensions in life; risks of withdrawal, medical, emotional/behavior aspects, readiness to change, relapse potential, and social environment. When a client is placed in treatment the primary counselor will possess the skills to develop a treatment plan reflecting the area of needs identified in the screening and assessment. Treatment plans are developed in coordination with the criminal justice client and input from his/her assigned case officer. Problems to be addressed are given a target date, and objectives are prioritized and understandable. One (1) hour individual counseling sessions is recommended weekly for clients receiving intensive outpatient services under this contract to assist the client toward attaining the goals of the treatment plan and are recommended at least once a month when in the outpatient level of care. Additional individual sessions may be scheduled each week provided clinical justification is documented and the primary counselor has received clinical approval from his/her Behavioral Health Care Navigator.

The average staffing pattern for each clinical staff member is fifteen (15) clients and fluctuates according to acuity levels. The rationale for this staffing pattern is based on each counselor having adjunct and paraprofessional staff support which is comprised of peer specialists, interns, volunteers and administrative support staff to handle non-essential clinical issues. Counselors' time is dedicated to the delivery of substance abuse treatment services in the following realms: clinical supervision, evaluations, treatment plans and individual, group, crisis and family counseling. Each of BISAC's treatment modules provides counselors with ample clinical time to provide the following modalities: Intensive Outpatient and Outpatient treatment as well as Aftercare/Continuing Care as directed.

BISAC has retained Dr. Dennis Lee, a Board Certified Psychiatrist serving Hilo Medical Center and operating a private practice as our medical director who is available to provide consultation to directors and staff as needed. Judi Correa, R.N. is tasked with processing clients for clearance into our Therapeutic Living Programs and works closely with Dr. Lee to facilitate medical clearances and prescription authorizations. BISAC has the ability to consult with various internal and external multi-disciplinary individuals in order to address program and client needs.

The following staffing reflects the programmatic operations for the proposal:

Behavioral Health Care Navigator The Care Navigator is a qualified individual of senior management staff and is responsible for the operations of their designated sites. This individual is responsible for the Programs, Facilities Management, Planning and Resource Development under the supervision of the

CCO. The Care Navigator is responsible for staff coverage, provides relief for overflow of direct service, conducting supervision and providing at least monthly in-service training for his staff. This administrative position is also responsible for researching alternative funding sources, writing grants and proposals, the organizations monthly, quarterly and annual reporting system.

Assessment/Intake Counselor The Assessment/Intake Counselor is a qualified staff member who is responsible for facilitating all screenings, assessments and orientation of clients for proper placement into programs. This position reports directly to the Behavioral Health Care Navigator and assist is both adult and adult outpatient treatment.

Substance Abuse Counselor II-V The Substance Abuse Counselor will report directly to the Behavioral Health Care Navigator. The Substance Abuse Counselor II is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of clients for proper admission into our programs. This staff member is also responsible for maintaining a caseload.

The existing organizational infrastructure provides a vast array of experience and expertise in operational, clinical, quality assurance and vocational services.

The requirements of BISAC staff ensure the high quality of program delivery (*See Attachment B Job Descriptions*). The agency's staff, vehicles and facilities are insured with general and professional liability insurance (*See Attachment C Certificate of Liability Insurance*). BISAC ensures and demonstrates that all applicants and employees have the knowledge, skills, and abilities to effectively deliver services and enhance the quality of care for our clients. BISAC is committed to maintaining a staffing pattern that is insightful and responsive to the communities that are provided services throughout the Island. BISAC staff composition reflects the ethnic, cultural, and social/economic diversity that is demonstrated within the population of clients we serve. A more thorough description of duties and qualifications are imbedded in the attached Job Descriptions.

Behavioral Health Care Navigator The Behavioral Health Care Navigator possesses CSAC degree and a minimum of five (5) years experience in Administration and Substance Abuse/Mental Health treatment.

Assessment/Intake Counselor The Assessment/Intake Counselor should possess a High School Diploma, a Bachelor's Degree in related field, two (2) years work experience with the Substance Abuse, Mental Health and/or related field, and a Hawaii State Certified Substance Abuse Counselor (CSAC).

Substance Abuse Counselor II-V The Substance Abuse Counselor II-V position qualifications range from High School Diploma, Bachelor's and/or Master's

degree in related field. Counselor should have at least 2 years of work experience in the related field.

Mental Health Professionals – Current professionals have advanced degrees.

The current staff meet and/or exceed the position requirements:

Dr. Hannah Preston-Pita is a licensed Clinical Psychologist and Certified Substance Abuse Counselor. She received her degrees from the University of Hawai'i and Argosy University Honolulu Campus, graduating Summa Cum Laude. Her extensive work experience has been on O'ahu at the Bobby Benson Center, Ho'omau Ke Ola, Windward Community Health Center, Kahuku Hospital, and at Dr. Marc Shlachter's office to open a private practice in a underserved rural community. On the island of Moloka'i she has done work with NāPu'uwai and at the Moloka'i Community Health Center. She has extensive work experience in rural health care, has been a part of several coalitions including, suicide prevention and intervention, a drug free coalition and a homelessness project. She has served on the boards for the Ko'olauloa Adult Athletics, the Big Island Substance Abuse Council and is a member of the South Hilo Rotary Club. Dr. Preston-Pita also participated in the COSIG research project, which conducted an evaluation of Hawaiian integrated programs in the state of Hawai'i.

Raquel Chang is a Licensed Marriage and Family Therapist. She has an undergraduate degree in Psychology with a minor in Sociology and a Master's Degree in Marriage and Family Therapy from Argosy University. Raquel has over 10 years of experience in the substance abuse field. Since July 2012 she has been the Chief Clinical Officer at Big Island Substance Abuse Council, overseeing the clinical operations, providing guidance and support by creating and implementing clinical training programs. In 2002, she began working for the Coalition for a Drug-Free Hawai'i in Honolulu on the island of O'ahu where she supervised the implementation of the Strengthening Hawai'i Families Program. She has trained several different communities, including ones in Guam and American Samoa in implementing the Strengthening Hawai'i Families Program and how to adapt the curriculum for their specific populations. Raquel worked at Catholic Charities with their Sex Offender Treatment Program. She has provided family therapy to Adult Drug Court adult and their families and has worked for the Department of Education for several years as a Behavioral Health Specialist. Raquel has advanced training in Sexual Abuse, Gender Specific Programming, Vocational Rehabilitation Programming and extensive Trauma Training. Raquel is a Rotarian with the South Hilo Rotary Club.

Dr. Katherine May, originally from London, Dr. May has an undergraduate degree in Experimental Psychology and a Masters of Science in Substance Misuse from the University of Sussex, UK. She completed her doctoral training in Clinical Psychology at the University of Surrey in 2010, as part of the highly competitive National Health Service funded program, where she specialized in the treatment of addiction and co-occurring disorders. Dr. May is a Certified Substance Abuse Counselor and her training has given her experience in both integrative clinical practice as well as scientific research, and she has published work on psychological treatment for psychosis. Dr. May has worked in the field of addiction and mental health for 10 years, both in the UK and in Hawai'i. She has provided individual and group therapy to adults and adults, as well as their families and has worked extensively within the criminal justice system.

Refugio "Del" De Los Santos has an extensive background in Financial and Business Administration management in the non-profit field. He is currently the Fiscal Manager of the Big Island Substance Abuse Council. Del has also served as a financial adviser for several non-profit organizations including the Big Island AIDS Project and with the Puna Community Medical Center. Del's experience in Financial and Business Administration management in the non-profit field extends over 20 years. He started out his career in non-profits after graduating from the University of Hawai'i at Hilo/HCC with an Associates of Science Degree. He has worked for the East Hawai'i Coalition for the Homeless, Big Island AIDS Project, and Bay Clinic Community Health Centers and the YWCA of Hawai'i. He is experienced in all aspects of project planning, budgeting, development, analysis and coordination of financial and business administration. These experiences as a CFO helped lead the Bay Clinic Community Health Center from two clinics to four and from a \$900,000 annual budget to an \$8,000,000 annual budget during his tenure.

Gary Schwiter serves as BISAC's Information Technology Administrator. Gary brings a variety of technical expertise and has worked in technology related fields for over 18 years. He has a Bachelor of Science in Information Technology degree from the University of Phoenix and is a Microsoft Certified Professional (MCP)/(MCDST). Gary is a Veteran of the United States Navy serving as an Electronics Technician Second Class (ET2) E5. He held a Top Secret, SCI SSBI government clearance because of his technological experience and mission critical data he worked with. Gary held three primary duty stations while serving in the military Groton Submarine Base, SSN 770 a Los Angeles-Class Fast Attack Submarine, and Pearl Harbor Naval Shipyard and Intermediate Maintenance Facility. In 2006 Gary moved to Hawai'i Island to start a career with the BISAC to implement and manage their IT Data/Network Infrastructure as BISAC moved to an electronic behavioral health care model. As a supporting member of the community Gary holds membership with South Hilo Rotary and the Waiākea Elementary School PTO.

Coreen Costa, School Based Behavioral Health Care Navigator, was born and raised on Hawai'i Island. She is a Certified Substance Abuse Counselor and has had training in grief, ethic, fetal alcohol syndrome, STDs & HIV, Non-Violet Crisis Intervention, Suicide, Individual/ Group, Case Management, Domestic Violence, Adult and Adult counseling and treatment planning. She has been working in the field for almost nine years.

Kim Krell, EH Behavioral Health Care Navigator, is a Certified Substance Abuse Counselor, an Instructor for the International Network for Children and Families and a Certified Nurse Assistant. Prior to working at BISAC she worked extensively as a medical assistant in hospitals, emergency rooms and pediatrics/labor and delivery settings for almost 20 years. Kim has worked in the field for over a decade. She has six years working in long term residential programs as a female coordinator and medical assistant, five years working at BISAC in multiple positions and as the Pregnant, Parenting, Woman, and Children Therapeutic Living Program case manager for three years. She was an Outpatient Counselor for one year and most recently has been the Quality Assurance Health & Safety Manager since July 2012. She is an active member of the Child Abuse & Neglect Coalition, the Going Home Coalition, and the Health & Wellness Coalition.

Raymond Danganan, the Quality Assurance Safety Manager has a Bachelor's Degree and has extensive background in Administration. For more than 10 years he has worked in the field of behavioral health, has written grants, and has been a part of an executive team in various capacities.

Clinical Staff at Outpatient Sites:

Chris Bieter – Intake Counselor, has a Bachelor's degree and is a Certified Substance Abuse Counselor.

Gabrielle Bush – Counselor. She is a Certified Substance Abuse Counselor and working on her Master's in Social Work at UH-Manoa.

Faith Miner– Counselor. She is currently working on attaining her CSAC.

Wendell Santiago – Counselor. He is currently working on obtaining his CSAC.

Joanna Watkins – Counselor/Care Coordinator for EH and WH. She has her CSAC.

Landon Chinen – West Hawaii Counselor and working on attaining his CSAC.

School Based staff – Over 15 staff provide services throughout our middle and high schools on the island of Hawaii.

Hawaii Island Health and Wellness Center (treatment and training sites):

Paul Divinski, LCSW, CSAC

Shauntelle Bohol, MA

Raquel Chang, LMFT

Hannah Preston-Pita, Psy.D. CSAC

BISAC maintains clear training requirements and guidelines for all clinical staff that identifies each staff member's progress to increase their knowledge of new counseling techniques if they are certified, or progress to achieve certification within a set time period with measurable objectives to indicate progress, such as passing the written test portion of the certification process. The determination for the level of a counselor position is based on the individual's qualifications and progress towards receiving their Substance Abuse Counselor Certification. Each counselor hired by BISAC receives clear guidelines directing him or her as to what services and privileges they are allowed to complete with or without clinical supervision. Non-certified counselors, for example, would not have the privilege of providing unsupervised assessments, treatment planning, or individualized counseling services without having a training plan overseen by an advanced degree supervisor who preferably is certified as a Hawai'i Substance Abuse Counselor and has determined the staff's readiness to progress to perform independent privileges. The Credentialing Committee oversees this process to ensure the quality and integrity of supervision.

Members from the Quality Assurance Management Committee are responsible for the maintenance of the staff privileges verification, with the privileges being documented in the personnel files. Current BISAC staff who will be providing services to clients with the assistance of this proposal, all meet the requirements and qualifications necessary to establish positive results within the organization and to assist the client in achieving individual objectives and goals.

All BISAC staff demonstrate the necessary knowledge for each of their perspective positions. BISAC will maintain documentation of all verifiable staff experience in specialized therapeutic activities such as psychotherapy and/or family therapy through the staff resumes'. Staff resumes will also demonstrate any experience in working with specialized populations such as women, minorities, and/or adults.

The BISAC Board of Directors is the governing authority over the agency and is in charge of hiring the Chief Executive Officer. The Board of Directors ensures that the Chief Executive Officer has the education, experience and ability to carry out the agency's mission at the direction of the Board. The CEO provides supervision to all departments within the agency and is in charge of the organization as a whole. The CEO received her Doctorate in Clinical Psychology from an APA accredited institution and has led training programs recognized by ADAD for continuing education credits. She also is a Licensed Clinical Psychologist in the State of Hawai'i.

BISAC has very liberal policies regarding staff development and training. BISAC considers staff training to be a priority and recognizes that there has been an increase in training opportunities on the Island of Hawai'i. BISAC provides access to E-training programs developed to meet the training needs of staff.

Upon hire and at the time of their annual employee evaluation, each staff member completes a Staff Training Plan (*See Attachment D Staff Training Plan*). This plan is completed in coordination with the staff member and their immediate supervisor. The purpose of this plan is to assist the staff member by identifying and accomplishing their training and career goals through in-service trainings, continuing education and other opportunities inside and outside the agency.

BISAC allocates approximately one percent (1%) of our annual budget towards staff training and/or support materials (including technology) in order to empower BISAC's staff. During Fiscal Year 2011-2012, BISAC training monies were allocated for training and to support the implementation of E-Learning in 2012. Every BISAC staff employee is recommended to "manage" his/her own training budget and is required to attend outside job related training which is charged to his/her training budget. However, the overall determination of training is reviewed by supervisors and the Human Resource Coordinator. In addition to off island training opportunities, credentialed professionals are invited to BISAC, each month, to participate in specialized training topics. In addition, all attendees complete a Staff Training form following the training that indicates their personal critique of the training and their understanding of the material. These forms are submitted to the staff member's immediate supervisor for review to ensure that the intended purpose of the training was met and are considered when completing the semi-annual Staff Training Plan.

Clinical supervision is an important aspect of the Training and Quality Assurance Plan. These valuable sessions ensure that standards are well maintained and are required. Clinical supervision is available on a daily basis, and is based on staff training plan & goals and the objectives set as well as developing an individual learning plan to improve staff competencies in the twelve core functions. Clinical supervision includes direct observation of staff providing services. Frequency is based on skill level and staff plan that is agreed upon between supervisor and supervisee. Each plan is subject to revision as mastery of skills is achieved and additional needs are requested by the staff member or have been identified by the supervisor.

Supervision sessions not only focus on helping the staff member in improving skills and effectiveness, it ensures clinical standards (*See Attachment E Clinical Supervision Training Manual and Attachment F, Supervision Form*). More specifically, the focus of the supervision session is on case management and the therapeutic process for the counselor. Supervision is a time when the supervisor and the staff member can discuss issues that may arise in the course of each

client's treatment (i.e. client progress or lack of progress) including strategies and/or techniques the counselor can implement to best influence change. Direct supervision is provided in a variety of settings, including Clinical Team Case Review and/or individualized supervision. The Supervisory model demonstrates how to obtain an assessment, work with the counselor to complete a treatment plan, and/or observe a counseling or group therapy session. Supervision also includes the quality of the clinician's work through records or assessment reviews.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

See (Attachment G Program and Organization Charts)

C. Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

The three (3) highest paid officers, directors or employees of the organization are:

1. CEO - \$101,850
2. IT Systems Administrator – \$85,050
3. Chief Clinical Officer – \$69,999

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

None.

B. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

See Attachment H - CARF Accreditation

C. Federal and County Grants

The applicant shall separately specify the amount of federal and county grants awarded since July 1, 2014.

US FEDERAL PROBATION

300 AlaMoana Blvd., Room 2300 Honolulu, HI 96850

Lisa Jicha (808) 541-1338

UA Testing:

0975-12-UA-01W Contract - No Limit

Program Performance Results: Developed systems to support Federal Probation in monitoring their clients.

D. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

This grant will not be used to support a sectarian or non-sectarian private educational institutions. Any benefit for such institutions would be indirect and a secondary or tertiary benefit since services are provided directly to individuals who are seeking mental health services.

E. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2015-16 the activity funded by the grant if the grant of this application is:

(1) Received by the applicant for fiscal year 2015-16, but

(2) Not received by the applicant thereafter.

As the purchase of vehicles for the transportation of clients is for sustainable equipment, funding from this grant in aid request is a one-time request. Operational costs for future related expenses – such as gas, maintenance, repairs

and insurance – will be figured into the program budget and part of all future funding sought for program support from other sources.

F. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2014.

See Attachment I – Certificate of Good Standing

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

App Big Island Substance Abuse Council

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES	187,045			
E. CAPITAL				
TOTAL (A+B+C+D+E)	187,045			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	187,045	Refugio Dela Santos 969-9994		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested		[Redacted Signature] 1/20/15		
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
TOTAL BUDGET	187,045	Hannah Preston-Pita, Psy D. CSAC, Chief Executive Officer Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2015 to June 30, 2016

Big Island Substance Abuse Council

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
n/a				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2015 to June 30, 2016

Applicant: Big Island Substance Abuse

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
2015 Ford Transit Van XL RWD	4.00	46,761	\$ 187,045.20	187,045
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:	4		\$ 187,045.20	187,045
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

Applicant: Big Island Substance Abuse Council

N/A

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2013-2014	FY: 2014-2015	FY:2015-2016	FY:2015-2016	FY:2016-2017	FY:2017-2018
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: Big Island Substance Abuse Counsel

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1.	Adolescent and School Based Treatment	07/01/2013 – 06/30/2015	Alcohol and Drug Abuse Division	State	\$3,118,000
2.	Adult Substance Abuse Treatment	07/01/2013 – 06/30/2015	Alcohol and Drug Abuse Division	State	\$1,104,068
3.	Therapeutic Living Program	01/01/2014 – 06/30/2015	Alcohol and Drug Abuse Division	State	\$290,000
4.	PPWC Adult/Child Substance Abuse Treatment	07/01/2013 – 06/30/2015	Alcohol and Drug Abuse Division	State	\$536,546
5.	Treatment, IOP, OP, AC and TLP Adolescent (BJA Grant)	07/01/2013 – 06/30/2015	Big Island Drug Court	State	\$8,000
6.	Treatment, IOP, OP, AC and TLP Adult	07/01/2013 – 06/30/2015	Big Island Drug Court	State	\$325,500
7.	Treatment, IOP, OP, AC and TLP Adolescent (BJA Grant)	07/01/2013 – 06/30/2014	Big Island Drug Court	State	\$16,065
8.	Treatment, TLP - Contract #62753	01/01/2014 – 12/31/2015	Hawai'i Paroling Authority	State	\$66,750

9.	Treatment, TLP – Contract #62756	01/01/2014 – 12/31/2015	Hawai'i Paroling Authority	State	\$40,000
10.	EAP Services	Ongoing	Kokua EAP		\$120,000
11.	Treatment Services - Contract 51938	05/28/2014 – 02/28/2015	Hale Nani		\$60,000
12.					
13.					
14.					
15.					
16.					
17.					
				TOTAL	\$5,684,929

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Big Island Substance Abuse Counsel
(Typed Name of Individual or Organization)



(Signature)

11/20/15

(Date)

Hannah Preston-Pita, Psy.D. CSAC
(Typed Name)

CEO
(Title)

CEO

DIRECT SERVICE PRIVILEGES

Applicant Name: _____ Date of Application: _____

Position: _____ Department: _____

**Place a check mark next to the applicable activity*

DIRECT CLIENT SERVICE ACTIVITY

Licensed Professional:

Full Privileges _____
 Restricted Privileges _____ Site: _____
 Certification Suspended _____ Suspension period: _____
 Certification Revoked _____

Hawaii Substance Abuse Certified Counselor and/or Program Administrator:

Full Privileges _____
 Restricted Privileges _____ Site: _____
 Certification Suspended _____ Suspension period: _____
 Certification Revoked _____

Associates, Bachelors, Masters Degree (Privileges based on 12 Core Functions related to certification):

	Full Privileges	Introductory Period Supervision only*
<u>Screening</u>		
<u>Intake</u>		
<u>Orientation</u>		
<u>Assessment</u>		
<u>Treatment Planning</u>		
<u>Counseling</u>		
<u>Case Management</u>		
<u>Crisis Intervention</u>		
<u>Client Education</u>		
<u>Referral</u>		
<u>Report & Record Keeping</u>		
<u>Consultation</u>		

*Full privileges are authorized upon successful completion of introductory period.

Paraprofessionals (Privileges based on 12 Core Functions related to certification):

Full Privileges Introductory Period Not

Supervision only* Applicable

Screening
Intake
Orientation
Assessment
Treatment Planning
Counseling
Case Management
Crisis Intervention
Client Education
Referral
Report & Record Keeping
Consultation

*Full privileges are authorized upon successful completion of introductory period.

Other:

Agency Suspension of Privilege(s): _____

Specify Core Function(s): _____

Supervisor Initials: _____ Suspended Date: _____

Reason: _____

Supervisor Initials: _____ Restoration Date: _____

Reason: _____

Reviewed and approved by credentialing authorities:

 Chief Executive Officer Date

 Director of Human Resources Date

 Behavioral Health Care Navigator Date

 Licensed Professional (when applicable) Date

Big Island Substance Abuse Council
Position Description

Print Name: _____

Title: Licensed Professional
 Reports to: Chief Clinical Officer (CCO)
 Department: Hawaii Island Health & Wellness Center
 Status: Exempt

POSITION SUMMARY	
<p>The Licensed Professional is a qualified individual who is responsible for the operations of their designated programmatic area. This individual is responsible for the Programs, Facilities Management, Planning and Resource Development under the supervision of the CEO and/or its designee. This professional is also responsible for overseeing and coordinating the collection of assessments, intakes and orientation of consumers for proper admission into our programs. This staff member is also responsible for maintaining a case load.</p>	
POSITION QUALIFICATIONS	
Minimum Education	Master's Degree in Social Work, Psychology, Nursing, Family Therapy or related field from an accredited university/college.
Preferred Education/Experience	Minimum of two (2) years' experience in Administration and Behavioral Health Treatment Services. Hawaii State Certified Substance Abuse Counselor (CSAC)
Required Certification/Registration	Licensed to practice in the State of Hawaii. Basic Life Support: CPR annually, First Aid every 3 years, TB annually, CPI annually, Valid Hawaii State Driver's License
Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the positions
Equipment Used	Agency assigned computer with a variety of software applications, fax machine, Xerox machine, printer, cellular phone, multi-line telephone
Working Environment	Variable. Dependent on assigned sites. Some work sites are in correctional facilities where personal physical searches by correctional authorities may occur and risk of violence is high depending on frequency of visits to correctional settings. Other environment may be in community outpatient setting and occur in well-lit air-conditioned offices. Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.
Physical Requirements	<ol style="list-style-type: none"> 1. See attached "Expected Physical Activities" 2. Frequent reading of printed materials is essential;

	<p>3. Listening skills necessary to effectively respond to staff, managed care representatives, funding sources and consumers</p>
<p>RESPONSIBILITIES</p>	
<p>1.</p>	<p>Provides direct behavioral health outpatient services including intake, crisis intervention, individual and group counseling to co-occurring population or individuals with strife mental health issues</p>
<p>2.</p>	<p>Directly responsible for ensuring best practices are offered to and that groups are staffed appropriately to occur as scheduled</p>
<p>3.</p>	<p>Analyzes psychological aspects of individual interrelationships to gain understanding of an individual's thoughts, feelings and behaviors</p>
<p>4.</p>	<p>Participates in professional meetings to discuss consumer needs and progress</p>
<p>5.</p>	<p>Assists with referrals to medical services and other community resources as needed</p>
<p>6.</p>	<p>Assists and responds to referrals to evaluate and establish treatment plan and goals</p>
<p>7.</p>	<p>Coordinates the development of an acceptable and attainable treatment plan according to agency or contractual timelines</p>
<p>8.</p>	<p>Monitor implementation of policies and procedures to ensure quality effectiveness and cost efficiency of assessed needs, identify gaps and provide written recommendations for programmatic expansion, problem resolution and diversification on a monthly basis</p>
<p>9.</p>	<p>Ensure that all clinical staff received documented individual clinical supervision at least monthly for certified and/or licensed professional and more frequently (once per week) for non-licensed personnel</p>
<p>10.</p>	<p>Develop and implement program Policy and Procedures as directed by CEO for departmental issues or as assigned</p>
<p>11.</p>	<p>Implement Quality Assurance practice which provides QA measures, QA outcomes and reports based on funding</p>
<p>12.</p>	<p>Facilitate meetings required to expand community awareness and participate as needed on community task forces</p>
<p>13.</p>	<p>Ensure copies of all reports and documentation is easily accessible to corporate office</p>
<p>14.</p>	<p>Ensure compliance for State, Federal, County, Managed Care contracts and grants</p>
<p>15.</p>	<p>Ensure that all consumer records are kept in order to meet or exceed CARF Standards, Hawaii Administrative Rule, Licensing, Accreditation and program compliance</p>
<p>16.</p>	<p>Completes all monthly funding source reports for designated assigned area sites</p>
<p>17.</p>	<p>Ensures HIPAA and 42CFR standards are met</p>
<p>18.</p>	<p>Develop annual staff training schedule or volunteer/student rotations based on needs assessment for all program sites and according to academic training plan contracts</p>

19. Assist in developing short and long-term agency needs and plans and documents plans for implementation
20. All other duties as assigned
REQUIREMENTS
21. Demonstrates initiative, sound judgment and advanced supervisory skills
22. Demonstrates the ability to communicate and supervise culturally diverse populations
23. Demonstrate superior writing and oral communication skills
24. Demonstrate an understanding and treatment of co-occurring disorders
25. Demonstrate an understanding of organizational and management skills and a working knowledge of the functions and operations of a human service non-profit agency
26. Demonstrates strong work and professional ethics
27. Knowledge and experience in the Federal Confidentiality Laws and HIPAA laws and requirements
28. Coordinate Employee Assistance Program (EAP) implementation with local hotel Human Resource Departments as required
29. If licensed, may be required to provide billable behavioral health services for the organization as part of the organizations broader mental health services
30. Adheres and enforces agency policies and procedures as well as policies, regulations and organizational rules outlined in the Employee Handbook
31. Ability to navigate and enter data into an Electronic Health Record is an essential and required duty for this position

I acknowledge that I have read and understand my job duties and what is expected of me.

 Employee Signature

 Date

 Human Resources Signature

 Date

**Big Island Substance Abuse Council
 Position Description**

Print Name: _____

Title: Mental Health Counselor V
 Reports to: Licensed Professional
 Department: Hawaii Island Health & Wellness Center
 Status: Exempt

POSITION SUMMARY	
<p>The Mental Health Counselor V is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of consumers for proper admission into our program. This staff member is also responsible for maintaining a caseload.</p>	
POSITION QUALIFICATIONS	
Minimum Education	Master's Degree in Psychology, Social Work, Mental Health Counseling or closely related field. Hawaii State Certified Substance Abuse Counselor (CSAC) helpful.
Preferred Education/Experience	Minimum five (5) years' experience in the field of Mental Health Services
Required Certification/Registration	Basic Life Support: CPR Annually, First Aid (every 3 years), TB Annually; Valid State of Hawaii Driver's License; Fingerprinting (if working with children/adolescents)
Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the positions
Equipment Used	Agency van, assigned computer, multi-line telephone, fax machine, Xerox machine, cellular phone, DVD/VCR machine
Working Environment	Modern, well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.
Physical Requirements	<ol style="list-style-type: none"> 1. See attached "Expected Physical Activities" 2. Frequent reading of printed materials is essential; 3. Listening skills necessary to effectively respond to supervisor, staff, consumers and referral sources. 4. Writing skills necessary to accurately document in the consumer's record and maintain filing system.
RESPONSIBILITIES	

1. Responsible to carry a full caseload
2. Facilitates screenings, assessments, intakes and orientation, including referral interim process. Responsible to keep accurate documentation required to perform these core functions in a timely manner
3. Documents all pertinent consumer data activity including treatment plan number, length of activity and billing
4. Responsible for the development, preparation and implementation of consumers treatment plan to ensure the formulation of realistic and attainable short and long term goals
5. Maintain consumer records in accordance with organizations policy and procedures and state standards
6. Ensures consumer insurance and billing data forms are completed and reported on a timely basis when applicable
7. Ensures insurance authorization for Quest, private insurance and/or alternative funding for consumers served
8. Facilitates process group, skill and education groups
9. Conducts family counseling to improve the understanding of family dynamics. Educates family members and assists in improving communication
10. Facilitates in the development of a multiple service plan and assist consumers and their families in identifying available services and formal and informal resources
11. Provides case management services to a regularly assigned caseload of consumers, ensuring consumers linkage to appropriate programs and community resources
12. Responsible for completion of discharge summaries within five (5) days of discharge
13. Responsible for the development of monthly, quarterly and annual statistical reports
14. Observe federal regulations (42CFR) and HIPAA (Health Insurance Portability Accountability Act, 1996) governing the confidentiality of alcohol and drug abuse consumer's privacy and records
15. Prepares and submits all required reports on a timely basis
16. Submits referral and progress update letters as required
17. Attends selected workshops, seminars and meeting as directed
18. Attends weekly clinical staff meetings
19. Outside speaking for public relations events as directed
REQUIREMENTS
20. Ability to instruct a wide range of individuals and groups in both formal and informal environments
21. Demonstrates an understanding of the nature of mental health and addiction
22. Demonstrates strong written and oral communication skills

23. Demonstrates accurate computer skills
24. Demonstrates basic understanding of organizational and administrative skills, and a working knowledge of the functions and operations of a human services agency
25. Demonstrates a working knowledge of CARF requirements
26. Projects a professional manner in conduct, dress and language at all times. Maintain a professional relationship with consumers, ensuring boundaries and ethics are adhered to at all times

I acknowledge that I have read and understand my job duties and what is expected of me.

Employee Signature

Date

Human Resources Signature

Date

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: Behavioral Health Care Navigator
Reports to: Chief Clinical Officer
Department: Outpatient Services

Status: Exempt (FLSA)

Position Summary

The Care Navigator is a qualified individual of the senior management staff and is responsible for the operations of their designated island area. This individual is responsible for the Programs, Facilities Management, Planning and Resource Development under the supervision of the CCO for geographical sites (e.g. OP, TLPs, Clean and Sober, etc.). The Care Navigator is responsible for staff coverage, provides relief for overflow of direct service, conducting supervision and providing at least monthly in-service training for his staff. This administrative position is also responsible for researching alternative funding sources, writing grants and proposals, the organizations monthly, quarterly and annual reporting system.

Position Qualifications

Minimum Education	Master's Degree in Social Services or related field and/or minimum five (5) years experience in Administration and Substance Abuse/Mental Health treatment.
Preferred Education/ Experience	Hawaii State Certified Substance Abuse Counselor (CSAC).
Required Certification/Registration	Basic Life Support: Adult CPR First Aid TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting (if working with children/adolescents)
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency assigned computer with a variety of software applications, fax machine, xerox machine, multi-line telephone and cellular phone.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a minimal risk. Noise level in the environment is usually moderate.

Physical Requirements

1. See attached "Expected Physical Activities";
2. Frequent reading of printed materials is essential;
3. Listening skills necessary to effectively respond to staff, managed care representatives, funding sources and consumers.

Behavioral Health Care Navigator

Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria			
<u>Essential Functions</u>			
Supervise program managers, coordinators, clerical support staff and/or alternative staff in designated assigned sites to ensure Productivity standards, Quality standards and Personal standards.....()	()	()	()
Monitor implementation of policies and procedures to ensure quality effectiveness and cost efficiency of assessed needs, identify gaps and provide written recommendations for programmatic expansion, problem resolution and diversification on a monthly basis.....()	()	()	()
Staff programs and ensure cost effective treatment()	()	()	()
Ensure that all clinical staff receives documented clinical supervision.....()	()	()	()
Develop and implement program Policy and Procedures as directed by CCO.....()	()	()	()
Evaluate program services and ensure Quality Assurance by providing QA measures, QA outcomes and supervision reports alongside QA/health and Safety Manager.....()	()	()	()
Responsible for the aggregation of monthly, quarterly and annual reporting.....()	()	()	()
Facilitate meetings required to expand community awareness and participate as needed on community task forces.....()	()	()	()
Ensure copies of all report and documentation is easily accessible to corporate office.....()	()	()	()

Care Navigator

Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria			
Ensure compliance for State, Federal, County, Managed Care contracts and grants.....()	()	()	()
Provide in-service staff training.....()	()	()	()
Provide relief to staff for overflow.....()	()	()	()
Engage alumni and the community in the development and maintenance of the volunteer program. Ensure volunteer packets are submitted to Human Resources.....()	()	()	()
Ensure that all client records and logs are kept in order to meet or exceed CARF Standards, Hawaii Administrative Rule, Licensing, Accreditation and program compliance.....()	()	()	()
Completes all monthly funding source reports for designated assigned area sites.....()	()	()	()
Ensures HIPAA and 42 CFR standards are met.....()	()	()	()
Research alternative funding sources and write proposals as directed.....()	()	()	()
<u>Additional Duties</u>			
Develop annual staff training schedule, based on staff needs assessment for all program sites.....()	()	()	()
Assist in developing short and long-term agency needs and plans and documents plans for implementation.....()	()	()	()
All other duties as assigned.....()	()	()	()
<u>Additional Requirements</u>			
Demonstrates initiative, sound judgment and advanced supervisory skills.....()	()	()	()
Demonstrates the ability to communicate and supervise culturally diverse populations.....()	()	()	()
Demonstrate superior writing and oral communication skills.....()	()	()	()

Care Navigator

Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria			
Demonstrate an understanding of substance use, abuse and alcoholism/addiction.....()	()	()	()
Demonstrate an understanding of organizational and management skills and a working knowledge of the functions and operations of a human service non-profit agency.....()	()	()	()
Demonstrates strong work and professional ethics.....()	()	()	()
Knowledge and experience in the Federal Confidentiality Laws and HIPAA laws and requirements.....()	()	()	()
Coordinate Employee Assistance Program (EAP) implementation with local hotel Human Resource Departments as requested.()	()	()	()
If licensed, may be required to provide billable behavioral health services for the organization as part of the organizations broader mental health services.....()	()	()	()
Adheres and enforces agency policies and procedures as well as policies, regulations and organizational rules outlined in the Employee Handbook.()	()	()	()

 Employee Signature

 Date

 Signature - Human Resources

 Date

Comments
(Employee): _____

Comments
(Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

The above information on this description has been designed to indicate the general nature and level of work performed by an employee in this classification. It is not to be interpreted as a comprehensive inventory, for all duties, responsibilities, and qualifications of employees assigned to this job. Management has the right to add to, revise, or delete information in this description. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions of this position.

Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: Assessment/Intake Counselor
Reports to: Behavioral Health Care Navigator
Department: Outpatient Services
Status: Exempt (FLSA)

Position Summary

The Assessment/Intake Counselor is a qualified staff member who is responsible for facilitating all screenings, assessments and orientation of consumers for proper placement into Outpatient and Therapeutic Living programs.

Position Qualifications

Minimum Education High School Diploma, Bachelor's Degree in related field, two (2) years work experience with the Substance Abuse, Mental Health and/or related field.

Preferred Education/Experience Hawaii State Certified Substance Abuse Counselor (CSAC).

Required Certification/Registration Basic Life Support: Adult CPR
First Aid
TB Annually
CPI Annually

Valid Hawaii State Driver's License

Unit Specific Competencies Clinical skills and experience to assess, plan, develop, and coordinate admission to Outpatient and TLP's.

Equipment Used Computer, multi-line telephone, fax machine, xerox machine, cellular phone, DVD/VCR machine, tape recorder, operate a van/car.

Working Environment Indoors, well-lit, ventilated or air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate. Verbal/physical assault is a medium risk.

Physical Requirements

1. See attached "Expected Physical Activities";
2. Frequent reading of printed materials is essential;
3. Listening skills necessary to effectively respond to staff, consumers and referral sources.
4. Writing skills necessary to accurately document and maintain filing system as needed.

Duties & Responsibilities	Performance Standards/Indicators	Assessment/Intake Counselor		
		N	CM	N/A
Position Accountability & Performance Criteria				
<u>Essential Functions</u>				
Complete screening, assessments, intakes and orientation, including referral interim process.()		()	()	()
Responsible for accurate documentation required to perform these core functions in a timely manner.....()		()	()	()
Establish consumer records in accordance with agency and State standards.....()		()	()	()
Assists in the preparation and implementation of consumers treatment plan to ensure the formulation of realistic goals.....()		()	()	()
Prepare and submit all consumer insurance/funding source forms and any other reports to the Fiscal Office.....()		()	()	()
Assure managed care insurance eligibility checks are completed at time of assessment and intake.....()		()	()	()
Complete and fax all initial authorization treatment plans and registration forms for eligible consumers.....()		()	()	()
Prepare consumer clinical formulations and submit to appropriate referral sources.....()		()	()	()
Maintains consumer wait list for programs, to include Outpatient and Therapeutic Living Programs.....()		()	()	()
Assure all Therapeutic Living Programs are at full capacity at all times.....()		()	()	()
Attend all weekly and monthly clinical and staff meetings as required.....()		()	()	()
<u>Additional Duties</u>				
Assist with selected projects such as filing, correlating new treatment files, updating treatment forms and closing of consumer charts.....()		()	()	()
Attend selected workshops and seminars as directed.....()		()	()	()

Duties & Responsibilities	Performance Standards/Indicators	Assessment/Intake Counselor		
		N	CM	N/A
Position Accountability & Performance Criteria				
Assist with other duties as assigned.....	()	()	()	()
<u>Additional Requirements</u>				
Demonstrate the ability to coordinate services with clinical staff, community referral sources and human services agencies.....	()	()	()	()
Demonstrate an understanding of the current Federal and State Laws governing the issues of confidentiality to include HIPAA (Health Insurance Portability Accountability Act, 1996) laws.....	()	()	()	()
Possess basic computer and written communication skills.....	()	()	()	()
Possess strong and effective communication and public speaking skills.....	()	()	()	()
Adheres to BISAC's Code of Ethics, Employee Handbook Policies and Procedures.....	()	()	()	()

 Employee Signature

 Date

 Signature - Human Resources

 Date

Comments
(Employee): _____

Comments
(Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

The above information on this description has been designed to indicate the general nature and level of work performed by an employee in this classification. It is not to be interpreted as a comprehensive inventory, for all duties, responsibilities, and qualifications of employees assigned to this job. Management has the right to add to, revise, or delete information in this description. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions of this position.

Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: Substance Abuse Counselor II
Reports to: Director of Behavioral Health Services
Department: Outpatient Services and/or School Base Services
Status: Non-exempt (FLSA)

Position Summary

The Substance Abuse Counselor II is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of consumers for proper admission into our programs. This staff member is also responsible for maintaining a case load.

Position Qualifications

Minimum Education	High School Diploma/GED, Bachelor's Degree in related field.
Preferred Education/Experience	Three (3) years work experience in related field, Hawaii State Certified Substance Abuse Counselor exam successfully passed with an individual written plan for oral exam on file.
Required Certification/Registration	Basic Life Support: Adult CPR Annually First Aid every 3 years TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting (if working with children/adolescents)
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency van, assigned computer, multi-line telephone, fax machine, xerox machine, cellular phone, DVD/VCR machine.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.
Physical Requirements	<ol style="list-style-type: none">1. See attached "Expected Physical Activities";2. Frequent reading of printed materials is essential;3. Listening skills necessary to effectively respond to supervisor, staff and referral sources. Writing skills necessary to accurately document in the consumer's record and maintain filing system.

Substance Abuse Counselor II

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
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Position Accountability & Performance Criteria

Essential Functions

Conduct and assist in the data collection of assessments under the direct supervision of a certified substance abuse or a master level counselor.....	()	()	()
Responsible for maintaining a case load.....	()	()	()
Facilitate for the development, preparation and implementation of clients treatment plans to ensure the formulation of realistic and attainable long and short term goals under the direct supervision of a certified substance abuse or master level counselor.....	()	()	()
Maintain client files in accordance with agency and state standards.....	()	()	()
Ensure client insurance and billing data forms are completed and reported on a timely basis.....	()	()	()
Facilitate skill building, process, education and aftercare sessions. Facilitate or co-facilitate family groups to improve understanding of family dynamics. Educate family members and assist in improving communication.....	()	()	()
Facilitates and participates in the development of multiple service plans and assist clients and their families in identifying available services and formal and informal resources.....	()	()	()
Submit weekly referral and progress update letters.....	()	()	()
Provide case management services to a regularly assigned case load of clients ensuring clients linkage to appropriate programs and community resources.....	()	()	()
Prepares and submits all required client insurance forms and reports in a timely manner when applicable.....	()	()	()
Responsible to complete discharge summary within five (5) days of discharge.....	()	()	()
Develop and submit monthly, quarterly and annual statistical reports as required.....	()	()	()

Substance Abuse Counselor II

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
Participates in any required court hearings regarding clients on assigned caseload as instructed.....()		()	()	()
<u>Additional Duties</u>				
Observe federal regulations governing the confidentiality of Alcohol and drug abuse patient records (42CFR). Observe HIPAA (Health Insurance Portability Accountability Act, 1996).....()		()	()	()
Attend weekly staff meetings as required.....()		()	()	()
Attend selected workshops and seminars as directed.....()		()	()	()
Present community public speaking engagements as directed.....()		()	()	()
Assist with other duties as assigned.....()		()	()	()
<u>Additional Requirements</u>				
Ability to instruct a wide range of individuals and groups in both formal and informal environments.....()		()	()	()
Demonstrate an understanding of the nature of substance use, abuse and addiction.....()		()	()	()
If working with adolescents, demonstrate an understanding of school issues including 504 and IDEA eligibility guidelines.....()		()	()	()
Demonstrate strong written and oral communication skills.....()		()	()	()
Demonstrate accurate computer skills.....()		()	()	()
Demonstrate a basic understanding of organizational and administrative skills, and a working knowledge of the functions and operations of a human services agency.....()		()	()	()
Demonstrate a working knowledge of CARF requirements.....()		()	()	()
Project a professional manner in conduct, dress and language at all times. Maintain a professional relationship with clients, ensuring boundaries and ethics are adhered to at all times.....()		()	()	()

Employee Signature

Date

Signature - Human Resources

Date

Comments
(Employee): _____

Comments
(Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

The above information on this description has been designed to indicate the general nature and level of work performed by an employee in this classification. It is not to be interpreted as a comprehensive inventory, for all duties, responsibilities, and qualifications of employees assigned to this job. Management has the right to add to, revise, or delete information in this description. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions of this position.

Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: Substance Abuse Counselor III
Reports to: Director of Behavioral Health Services
Department: Outpatient Services and/or School Base Services
Status: Exempt (FLSA)

Position Summary

The Substance Abuse Counselor III is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of consumers for proper admission into our programs. This staff member is also responsible for maintaining a case load.

Position Qualifications

Minimum Education	High School Diploma/GED, Bachelor's Degree and/or Master's Degree in related field.
Preferred Education/Experience	Five (5) years work experience in the field of Alcohol/Drug and or Mental Health Services, Hawaii State Certified Substance Abuse Counselor (CSAC).
Required Certification/Registration	Basic Life Support: Adult CPR Annually First Aid every 3 years TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting (if working with children/adolescents)
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency van, assigned computer, multi-line telephone, fax machine, xerox machine, cellular phone, DVD/VCR machine.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.
Physical Requirements	<ol style="list-style-type: none">1. See attached "Expected Physical Activities";2. Frequent reading of printed materials is essential;3. Listening skills necessary to effectively respond to supervisor, staff and referral sources. Writing skills necessary to accurately document in the consumer's record and maintain filing system.

Substance Abuse Counselor III

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
<u>Essential Functions</u>				
Responsible to carry a full caseload.....	()	()	()	()
Facilitates screenings, assessments, intakes and orientation, including referral interim process. Responsible to keep accurate documentation required to perform these core functions in a timely manner.....	()	()	()	()
Document all pertinent client data activity including treatment plan number, length of activity and billing.....	()	()	()	()
Responsible for the development, preparation and implementation of clients treatment plan to ensure the formulation of realistic and attainable short and long term goals.....	()	()	()	()
Maintain client records in accordance with organizations policy and procedures and state standards.....	()	()	()	()
Ensure client insurance and billing data forms are completed and reported on a timely basis when applicable.....	()	()	()	()
Ensure insurance authorization for Quest, private insurance and/or alternative funding for clients served.....	()	()	()	()
Facilitate process group, skill and education groups.....	()	()	()	()
Conduct family counseling to improve the understanding of family dynamics. Educates family members and assists in improving communication.....	()	()	()	()
Facilitate in the development of a multiple service plan and assist clients and their families in identifying available services and formal and informal resources.....	()	()	()	()
Provides case management services to a regularly assigned caseload of clients, ensuring clients linkage to appropriate programs and community resources.....	()	()	()	()
Provide clinical supervision as directed.....	()	()	()	()
Responsible for completion of discharge summaries within five (5) days of discharge.....	()	()	()	()

Substance Abuse Counselor III

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
Responsible for the development of monthly, quarterly and annual statistical reports.....	()	()	()	()
Participate in required court hearings regarding clients on assigned caseload when directed.....	()	()	()	()
Observe federal regulations (42CFR) and HIPAA (Health Insurance Portability Accountability Act, 1996) governing the confidentiality of alcohol and drug abuse client's privacy and records.....	()	()	()	()
<u>Additional Duties</u>				
Prepares and submits all required report on a timely basis.....	()	()	()	()
Submit referral and progress update letters as required.....	()	()	()	()
Facilitates training of new personnel in policies and procedures of the program under supervision.....	()	()	()	()
Attend selected workshops, seminars and meeting as directed.....	()	()	()	()
Attend weekly clinical staff meetings.....	()	()	()	()
Outside speaking for public relations events as directed.....	()	()	()	()
<u>Additional Requirements</u>				
Ability to instruct a wide range of individuals and groups in both formal and informal environments.....	()	()	()	()
Demonstrate an understanding of the nature of substance use, abuse and addiction.....	()	()	()	()
If working with adolescents, demonstrate an understanding of school issues including 504 and IDEA eligibility guidelines.....	()	()	()	()
Demonstrate strong written and oral communication skills.....	()	()	()	()
Demonstrate accurate computer skills.....	()	()	()	()
Demonstrate a basic understanding of organizational and administrative skills, and a working knowledge of the functions and operations of a human services agency.....	()	()	()	()

Duties & Responsibilities	Performance Standards/Indicators	Substance Abuse Counselor III		
		N	CM	N/A
Position Accountability & Performance Criteria				
Demonstrate a working knowledge of CARF requirements.....	()	()	()	()
Project a professional manner in conduct, dress and language at all times. Maintain a professional relationship with clients, ensuring boundaries and ethics are adhered to at all times.....	()	()	()	()

 Employee Signature

 Date

 Signature - Human Resources

 Date

Comments
(Employee):

Comments
(Supervisor)

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

The above information on this description has been designed to indicate the general nature and level of work performed by an employee in this classification. It is not to be interpreted as a comprehensive inventory, for all duties, responsibilities, and qualifications of employees assigned to this job. Management has the right to add to, revise, or delete information in this description. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions of this position.

Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: Substance Abuse Counselor IV
Reports to: Director of Behavioral Health Services
Department: Outpatient Services and/or School Base Services
Status: Exempt (FLSA)

Position Summary

The Substance Abuse Counselor IV is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of consumers for proper admission into our programs. This staff member is also responsible for maintaining a case load.

Position Qualifications

Minimum Education	High School Diploma, Master's Degree in Social Services or related field. *Master's Degree may be waived if CSAC with five (5) years experience in the field of Alcohol/Substance Abuse or Mental Health services.
Preferred Education/Experience	Hawaii State Certified Substance Abuse Counselor (CSAC). If primary caseload is adolescents, then three (3) years experience in related field.
Required Certification/Registration	Basic Life Support: Adult CPR First Aid TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting (if working with children/adolescents)
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency van, assigned computer, multi-line telephone, fax machine, xerox machine, cellular phone, DVD/VCR machine.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.

Physical Requirements

1. See attached "Expected Physical Activities";
2. Frequent reading of printed materials is essential;
3. Listening skills necessary to effectively respond to supervisor, staff and referral sources. Writing skills necessary to accurately document in the consumer's record and maintain filing system.

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				

Essential Functions

Responsible to carry a full caseload.....()	()	()	()	()
Facilitates screenings, assessments, intakes and orientation, including referral interim process. Responsible to keep accurate documentation required to perform these core functions in a timely manner.....()	()	()	()	()
Document all pertinent client data activity including treatment plan number, length of activity and billing.....()	()	()	()	()
Responsible for the development, preparation and implementation of clients treatment plan to ensure the formulation of realistic and attainable short and long term goals.....()	()	()	()	()
Maintain client records in accordance with organizations policy and procedures and state standards.....()	()	()	()	()
Ensure client insurance and billing data forms are completed and reported on a timely basis when applicable.....()	()	()	()	()
Ensure insurance authorization for Quest, private insurance and/or alternative funding for clients served.....()	()	()	()	()
Facilitate process group, skill and education groups.....()	()	()	()	()
Conduct family counseling to improve the understanding of family dynamics. Educates family members and assists in improving communication.....()	()	()	()	()
Facilitate in the development of a multiple service plan and assist clients and their families in identifying available services and formal and informal resources.....()	()	()	()	()

Substance Abuse Counselor IV

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
Provides case management services to a regularly assigned caseload of clients, ensuring clients linkage to appropriate programs and community resources.....()		()	()	()
Provide clinical supervision as directed.....()		()	()	()
Responsible for completion of discharge summaries within five (5) days of discharge.....()		()	()	()
Responsible for the development of monthly, quarterly and annual statistical reports.....()		()	()	()
Participate in required court hearings regarding clients on assigned caseload when directed.....()		()	()	()
Observe federal regulations (42CFR) and HIPAA (Health Insurance Portability Accountability Act, 1996) governing the confidentiality of alcohol and drug abuse client's privacy and records.....()		()	()	()
<u>Additional Duties</u>				
Prepares and submits all required report on a timely basis.....()		()	()	()
Submit referral and progress update letters as required.....()		()	()	()
Facilitates training of new personnel in policies and procedures of the program under supervision.....()		()	()	()
Attend selected workshops, seminars and meeting as directed.....()		()	()	()
Attend weekly clinical staff meetings.....()		()	()	()
Outside speaking for public relations events as directed.....()		()	()	()
Ability to instruct a wide range of individuals and groups in both formal and informal environments.....()		()	()	()
Demonstrate an understanding of the nature of substance use, abuse and addiction.....()		()	()	()

Substance Abuse Counselor IV

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
<u>Additional Requirements</u>				
If working with adolescents, demonstrate an understanding of school issues including 504 and IDEA eligibility guidelines.....	()	()	()	()
Demonstrate strong written and oral communication skills.....	()	()	()	()
Demonstrate accurate computer skills.....	()	()	()	()
Demonstrate a basic understanding of organizational and administrative skills, and a working knowledge of the functions and operations of a human services agency.....	()	()	()	()
Demonstrate a working knowledge of CARF requirements.....	()	()	()	()
Project a professional manner in conduct, dress and language at all times. Maintain a professional relationship with clients, ensuring boundaries and ethics are adhered to at all times.....	()	()	()	()

 Employee Signature

 Date

 Signature - Human Resources

 Date

Comments
(Employee): _____

Comments
(Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

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Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: Substance Abuse Counselor V
Reports to: Director of Behavioral Health Services
Department: Outpatient Services and/or School Base Services
Status: Exempt (FLSA)

Position Summary

The Substance Abuse Counselor V is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of consumers for proper admission into our programs. This staff member is also responsible for maintaining a case load.

Position Qualifications

Minimum Education	High School Diploma/GED, Master's Degree in Social Services or related field. *Master's Degree may be waived if CSAC with eight (8) years experience in the field of Alcohol/Substance Abuse treatment.
Preferred Education/Experience	Minimum five (5) years experience in the field of Alcohol/Drug or Mental Health Services, Hawaii State Certified Substance Abuse Counselor (CSAC). If primary caseload is adolescents, then three (3) years experience in related field.
Required Certification/Registration	Basic Life Support: Adult CPR Annually First Aid every 3 years TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting (if working with children/adolescents)
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency van, assigned computer, multi-line telephone, fax machine, xerox machine, cellular phone, DVD/VCR machine.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.

Physical Requirements

1. See attached "Expected Physical Activities";
2. Frequent reading of printed materials is essential;
3. Listening skills necessary to effectively respond to supervisor, staff and referral sources. Writing skills necessary to accurately document in the consumer's record and maintain filing system.

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				

Essential Functions

Responsible to carry a full caseload.....()	()	()	()	()
Facilitates screenings, assessments, intakes and orientation, including referral interim process. Responsible to keep accurate documentation required to perform these core functions in a timely manner.....()	()	()	()	()
Document all pertinent client data activity including treatment plan number, length of activity and billing.....()	()	()	()	()
Responsible for the development, preparation and implementation of clients treatment plan to ensure the formulation of realistic and attainable short and long term goals.....()	()	()	()	()
Maintain client records in accordance with organizations policy and procedures and state standards.....()	()	()	()	()
Ensure client insurance and billing data forms are completed and reported on a timely basis when applicable.....()	()	()	()	()
Ensure insurance authorization for Quest, private insurance and/or alternative funding for clients served.....()	()	()	()	()
Facilitate process group, skill and education groups.....()	()	()	()	()
Conduct family counseling to improve the understanding of family dynamics. Educates family members and assists in improving communication.....()	()	()	()	()
Facilitate in the development of a multiple service plan and assist clients and their families in identifying available services and formal and informal resources.....()	()	()	()	()

Substance Abuse Counselor V

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
Provides case management services to a regularly assigned caseload of clients, ensuring clients linkage to appropriate programs and community resources.....	()	()	()	()
Provide clinical supervision as directed.....	()	()	()	()
Responsible for completion of discharge summaries within five (5) days of discharge.....	()	()	()	()
Responsible for the development of monthly, quarterly and annual statistical reports.....	()	()	()	()
Participate in required court hearings regarding clients on assigned caseload when directed.....	()	()	()	()
Observe federal regulations (42CFR) and HIPAA (Health Insurance Portability Accountability Act, 1996) governing the confidentiality of alcohol and drug abuse client's privacy and records.....	()	()	()	()
<u>Additional Duties</u>				
Prepares and submits all required reports on a timely basis.....	()	()	()	()
Submit referral and progress update letters as required.....	()	()	()	()
Facilitates training of new personnel on policies and procedures of the program under supervision.....	()	()	()	()
Attend selected workshops, seminars and meeting as directed.....	()	()	()	()
Attend weekly clinical staff meetings.....	()	()	()	()
Outside speaking for public relations events as directed.....	()	()	()	()
<u>Additional Requirements</u>				
Ability to instruct a wide range of individuals and groups in both formal and informal environments.....	()	()	()	()
Demonstrate an understanding of the nature of substance use, abuse and addiction.....	()	()	()	()
If working with adolescents, demonstrate an understanding of school issues including 504 and IDEA eligibility guidelines.....	()	()	()	()

Duties & Responsibilities	Performance Standards/Indicators	Substance Abuse Counselor V		
		N	CM	N/A
Position Accountability & Performance Criteria				
Demonstrate strong written and oral communication skills.....	()	()	()	()
Demonstrate accurate computer skills.....	()	()	()	()
Demonstrate a basic understanding of organizational and administrative skills, and a working knowledge of the functions and operations of a human services agency.....	()	()	()	()
Demonstrate a working knowledge of CARF requirements.....	()	()	()	()
Project a professional manner in conduct, dress and language at all times. Maintain a professional relationship with clients, ensuring boundaries and ethics are adhered to at all times.....	()	()	()	()

 Employee Signature

 Date

 Signature - Human Resources

 Date

Comments
(Employee): _____

Comments
(Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

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Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: School Based Services Coordinator (SBSC)
Reports to: Chief Clinical Officer
Department: School Base Services
Status: Exempt (FLSA)

Position Summary

The School Based Services Coordinator (SBSC) is a qualified individual of the senior management staff and is responsible for the school based programs. This individual is responsible for overseeing School Based Programs, Planning and Resource Development and Community Outreach under the supervision of the CCO for school based sites island wide. The Coordinator is responsible for staff coverage, provides relief for overflow of direct service, conducting supervision and providing at least monthly in-service training for their staff. This administrative position is also responsible for researching alternative funding sources, writing grants and proposals, the organizations monthly, quarterly and annual reporting system. In addition the School Based Service Coordinator will work collaboratively with the fiscal department on billing, reconciliation of outings, scanning documents, meeting contractual requirements and utilization of funds.

Position Qualifications

Minimum Education	Bachelor's Degree in Social Services or closely related field and/or CSAC with a minimum five (5) years experience in Administration and Substance Abuse/Mental Health treatment.
Preferred Education/ Experience	Hawaii State Certified Substance Abuse Counselor (CSAC).
Required Certification/Registration	Basic Life Support: Adult CPR First Aid TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency assigned computer with a variety of software applications, fax machine, xerox machine, multi-line telephone and cellular phone.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a minimal risk. Noise level in the environment is usually moderate.
Physical Requirements	1. See attached "Expected Physical Activities"; 2. Frequent reading of printed materials is essential; 3. Listening skills necessary to effectively respond to staff, managed care representatives, funding sources and consumers

School Based Services Coordinator

Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria			
<u>Essential Functions</u>			
Supervise School Based staff in designated assigned sites to ensure Productivity standards, Quality standards and Personal standards.....()	()	()	()
Monitor implementation of policies and procedures to ensure quality effectiveness and cost efficiency of assessed needs, identify gaps and provide written recommendations for programmatic expansion, problem resolution and diversification on a monthly basis.....()	()	()	()
Oversee School Based programs and ensure cost effective treatment()	()	()	()
Ensure that all clinical staff receives documented clinical supervision.....()	()	()	()
Develop, update and implement program Policy and Procedures as directed by CCO.....()	()	()	()
Evaluate program services and ensure Quality Assurance by providing QA measures, QA outcomes alongside the QA/Health and Safety Manager..... ()	()	()	()
Participate Quality Assurance Committee as directed..... ()	()	()	()
Responsible for the aggregation of monthly, quarterly and annual reporting.....()	()	()	()
Ensure copies of all report and documentation is easily accessible to corporate office.....()	()	()	()
Attend and/or Facilitate meetings required to expand community awareness and participate as needed on community task forces.....()	()	()	()
Responsible for coordinating scheduling with supervisor (outings, groups, individual sessions and outreach efforts).....()	()	()	()
Supervised and closely monitored to ensure compliance with contractual agreements, utilization requirements and agency expectations (i.e., policies and procedure.....()	()	()	()

School Based Services Coordinator

Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria			
Responsible for the coordination of ordering all office and maintenance supplies as described in agency procedures... ()	()	()	()
Compile and submit monthly, quarterly and annual data reports..... ()	()	()	()
Collect time sheets for specified programs ensuring that all staff time sheets are turned in on a timely manner..... ()	()	()	()
Responsible for consumer sign in sheets for all School Based Services Programming..... ()	()	()	()
Ensure compliance for State, Federal, County, and Managed Care contracts and grants..... ()	()	()	()
Provide in-service staff training..... ()	()	()	()
Provide relief to staff for overflow..... ()	()	()	()
Engage alumni and the community in the development and maintenance of the volunteer program. Ensure volunteer packets are submitted to Human Resources..... ()	()	()	()
Ensure that all client records and logs are kept in order to meet or exceed CARF Standards, Hawaii Administrative Rule, Licensing, Accreditation and program compliance..... ()	()	()	()
Completes all monthly funding source reports for designated assigned area sites..... ()	()	()	()
Ensures HIPAA and 42 CFR standards are met..... ()	()	()	()
Research alternative funding sources and write proposals as directed..... ()	()	()	()

Performance Standards/Indicators	N	CM	N/A
<u>Additional Duties</u>			
Ensure staff submits all required reports and school based Reconciliation on a timely basis with the acknowledged Fiscal policies..... ()	()	()	()
Identify annual staff training needs..... ()	()	()	()

School Based Services Coordinator

Assist in developing short and long-term agency needs and plans
 and documents plans for implementation.....() () ()

Performance Standards/Indicators **N** **CM** **N/A**

**Position Accountability
 & Performance Criteria**

All other duties as assigned..... () () ()

Additional Requirements

Demonstrates initiative, sound judgment and advanced
 supervisory skills.....() () ()

Demonstrates the ability to communicate and supervise
 culturally diverse populations.....() () ()

Demonstrate superior writing and oral communication skills.....() () ()

Demonstrate an understanding of the 12 Core Functions,
 substance use/abuse and alcoholism/addiction.....() () ()

Demonstrate an understanding of organizational and
 management skills and a working knowledge of the functions
 and operations of a human service non-profit agency.....() () ()

Demonstrates strong work and professional ethics.....() () ()

Knowledge and experience in the Federal Confidentiality Laws
 and HIPAA laws and requirements.....() () ()

If licensed, may be required to provide billable behavioral health
 services for the organization as part of the organizations broader
 mental health services.....() () ()

Adheres and enforces agency policies and procedures as well
 as policies, regulations and organizational rules outlined in the
 Employee Handbook.() () ()

Comments
(Employee): _____

Comments
(Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

The above information on this description has been designed to indicate the general nature and level of work performed by an employee in this classification. It is not to be interpreted as a comprehensive inventory, for all duties, responsibilities, and qualifications of employees assigned to this job. Management has the right to add to, revise, or delete information in this description. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions of this position.

Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: School Based Counselor II
Reports to: School Based Services Coordinator
Department: School Based Services
Status: Non-exempt (FLSA)

Position Summary

The School Based Counselor II is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of consumers for proper admission into our programs. This staff member is also responsible for maintaining a case load.

Position Qualifications

Minimum Education	High School Diploma/GED, Bachelor's Degree in related field.
Preferred Education/Experience	Three (3) years work experience in related field, Hawaii State Certified Substance Abuse Counselor exam successfully passed.
Required Certification/Registration	Basic Life Support: Adult CPR Annually First Aid every 3 years TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency van, assigned computer, multi-line telephone, fax machine, xerox machine, cellular phone, DVD/VCR machine.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.
Physical Requirements	1. See attached "Expected Physical Activities"; 2. Frequent reading of printed materials is essential; 3. Listening skills necessary to effectively respond to supervisor, staff and referral sources. Writing skills necessary to accurately document in the consumer's record and maintain filing system.

School Based Counselor II

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
<u>Essential Functions</u>				
Conduct and assist in the data collection of assessments under the direct supervision of a certified substance abuse or a master's level counselor.....	()	()	()	()
Responsible for maintaining a case load as directed.....	()	()	()	()
Develop treatment plans which include long and short term goals under the direct supervision of a certified substance abuse or master's level counselor.....	()	()	()	()
Document and maintain client files in accordance with agency and state standards.....	()	()	()	()
Ensure client insurance and billing data forms are completed and reported on a timely basis.....	()	()	()	()
Hold individual counseling sessions, facilitate groups, run process groups, educational groups and aftercare sessions.....	()	()	()	()
Facilitate or co-facilitate family groups to improve understanding of family dynamics. Educate family members and assist in improving communication.....	()	()	()	()
Organize and implement skill building groups by taking the Adolescents on outings that encourage pro-social skill Development (Community Service, etc.).....	()	()	()	()
Facilitates and participates in the development of multiple service plans and assist clients and their families in identifying available services and formal and informal resources.....	()	()	()	()
Submit weekly referral and progress update letters.....	()	()	()	()
Provide case management services to a regularly assigned case load of clients ensuring clients linkage to appropriate programs and community resources.....	()	()	()	()
Prepares and submits all required client insurance forms and reports in a timely manner when applicable.....	()	()	()	()
Responsible to complete discharge summary within five (5) days of discharge.....	()	()	()	()
Develop and submit monthly, quarterly and annual statistical reports as required.....	()	()	()	()

Duties & Responsibilities	Performance Standards/Indicators	School Based Counselor II		
		N	CM	N/A
Position Accountability & Performance Criteria				
Participates in any required court hearings regarding clients on assigned caseload as instructed.....()		()	()	()
<u>Additional Duties</u>				
Prepares and submits all required reports and school based Reconciliation on a timely basis with the acknowledged Fiscal policies.....()		()	()	()
Observe federal regulations governing the confidentiality of Alcohol and drug abuse patient records (42CFR). Observe HIPAA (Health Insurance Portability Accountability Act, 1996).....()		()	()	()
Attend weekly staff meetings as required.....()		()	()	()
Attend workshops, trainings and seminars as directed.....()		()	()	()
Participate in outreach/public speaking engagements as directed.()		()	()	()
Assist with other duties as assigned.....()		()	()	()
<u>Additional Requirements</u>				
Ability to instruct a wide range of individuals and groups in both formal and informal environments.....()		()	()	()
Demonstrate an understanding of the nature of substance use, abuse and addiction.....()		()	()	()
If working with adolescents, demonstrate an understanding of school issues including 504 and IDEA eligibility guidelines.....()		()	()	()
Demonstrate strong written and oral communication skills.....()		()	()	()
Demonstrate accurate computer skills.....()		()	()	()
Demonstrate a basic understanding of organizational and administrative skills, and a working knowledge of the functions and operations of a human services agency.....()		()	()	()

Additional Requirements (continued)

- Demonstrate a working knowledge of CARF requirements.....() () ()
- Project a professional manner in conduct, dress and language at all times. Maintain a professional relationship with clients, ensuring boundaries and ethics are adhered to at all times.....() () ()

Employee Signature

Date

Signature - Human Resources

Date

Comments
 (Employee): _____

Comments
 (Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

The above information on this description has been designed to indicate the general nature and level of work performed by an employee in this classification. It is not to be interpreted as a comprehensive inventory, for all duties, responsibilities, and qualifications of employees assigned to this job. Management has the right to add to, revise, or delete information in this description. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions of this position.

_____	Employee Signature	_____	Date
_____	Supervisor Signature	_____	Date

To be completed by Human Resources

Three (3) month Review: _____ Six (6) month Review: _____
 Annual Review: _____ HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: School Based Counselor III
Reports to: School Based Services Coordinator
Department: School Based Services
Status: Exempt (FLSA)

Position Summary

The School Based Counselor III is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of consumers for proper admission into our programs. This staff member is also responsible for maintaining a case load.

Position Qualifications

Minimum Education	High School Diploma/GED, Bachelor's Degree and/or Master's Degree in related field.
Preferred Education/Experience	Five (5) years work experience in the field of Alcohol/Drug and or Mental Health Services, Hawaii State Certified Substance Abuse Counselor (CSAC).
Required Certification/Registration	Basic Life Support: Adult CPR Annually First Aid every 3 years TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency van, assigned computer, multi-line telephone, fax machine, xerox machine, cellular phone, DVD/VCR machine.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.
Physical Requirements	1. See attached "Expected Physical Activities"; 2. Frequent reading of printed materials is essential; 3. Listening skills necessary to effectively respond to supervisor, staff and referral sources. Writing skills necessary to accurately document in the consumer's record and maintain filing system.

School Based Counselor III

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
<u>Essential Functions</u>				
Responsible to carry a full caseload.....	()	()	()	()
Facilitates screenings, assessments, intakes and orientation, including referral interim process. Responsible to keep accurate documentation required to perform these core functions in a timely manner.....	()	()	()	()
Document all pertinent client data activity including treatment plan number, length of activity and billing.....	()	()	()	()
Development treatment plans that ensure the formulation of realistic and attainable short and long term goals.....	()	()	()	()
Maintain client records in accordance with organizations policy and procedures and state standards.....	()	()	()	()
Ensure client insurance and billing data forms are completed and reported on a timely basis.....	()	()	()	()
Ensure insurance authorization for Quest, private insurance and/or alternative funding for clients served.....	()	()	()	()
Hold individual counseling sessions facilitate process groups, Facilitate skill building and education groups.....	()	()	()	()
Organize and implement skill building groups by taking the adolescents on outings that encourage pro-social skill development (Community service, etc.)....	()	()	()	()
Conduct family counseling to improve the understanding of family dynamics. Educates family members and assists in improving communication.....	()	()	()	()
Facilitate in the development of a multiple service plan and assist clients and their families in identifying available services and formal and informal resources.....	()	()	()	()
Provides case management services to a regularly assigned caseload of clients, ensuring clients linkage to appropriate programs and community resources.....	()	()	()	()
Provide guidance and support to peers as directed.....	()	()	()	()
Responsible for completion of discharge summaries within five (5) days of discharge.....	()	()	()	()

School Based Counselor III

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
Responsible for the development of monthly, quarterly and annual statistical reports.....	()	()	()	()
Participate in required court hearings regarding clients on assigned caseload when directed.....	()	()	()	()
Observe federal regulations (42CFR) and HIPAA (Health Insurance Portability Accountability Act, 1996) governing the confidentiality of alcohol and drug abuse client's privacy and records.....	()	()	()	()
<u>Additional Duties</u>				
Prepares and submits all required reports and school based reconciliation on a timely basis in accordance with Fiscal policies.....	()	()	()	()
Submit referral and progress update letters as required.....	()	()	()	()
Facilitates training of new personnel in policies and procedures of the program under supervision.....	()	()	()	()
Attend workshops, trainings, seminars and meeting as directed.....	()	()	()	()
Attend weekly clinical staff meetings.....	()	()	()	()
Participate in outreach/public speaking engagements as directed...	()	()	()	()
<u>Additional Requirements</u>				
Ability to instruct a wide range of individuals and groups in both formal and informal environments.....	()	()	()	()
Demonstrate an understanding of the nature of substance use, abuse and addiction.....	()	()	()	()
If working with adolescents, demonstrate an understanding of school issues including 504 and IDEA eligibility guidelines.....	()	()	()	()
Demonstrate strong written and oral communication skills.....	()	()	()	()
Demonstrate accurate computer skills.....	()	()	()	()

School Based Counselor III

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
Demonstrate a basic understanding of organizational and administrative skills, and a working knowledge of the functions and operations of a human services agency	()	()	()	()
Demonstrate a working knowledge of CARF requirements.....	()	()	()	()
Project a professional manner in conduct, dress and language at all times. Maintain a professional relationship with clients, ensuring boundaries and ethics are adhered to at all times.....	()	()	()	()

 Employee Signature

 Date

 Signature - Human Resources

 Date

Comments

(Employee): _____

Comments

(Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

The above information on this description has been designed to indicate the general nature and level of work performed by an employee in this classification. It is not to be interpreted as a comprehensive inventory, for all duties, responsibilities, and qualifications of employees assigned to this job. Management has the right to add to, revise, or delete information in this description. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions of this position.

Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____

**BIG ISLAND SUBSTANCE ABUSE COUNCIL
Position Description/Performance Appraisal**

Title: School Based Counselor IV
Reports to: School Based Services Coordinator
Department: School Based Services
Status: Exempt (FLSA)

Position Summary

The School Based Counselor IV is a qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of consumers for proper admission into our programs. This staff member is also responsible for maintaining a case load.

Position Qualifications

Minimum Education	High School Diploma, Master's Degree in Social Services or related field. *Master's Degree may be waived if CSAC with five (5) years experience in the field of Alcohol/Substance Abuse or Mental Health services.
Preferred Education/Experience	Hawaii State Certified Substance Abuse Counselor (CSAC). If primary caseload is adolescents, then three (3) years experience in related field.
Required Certification/Registration	Basic Life Support: Adult CPR First Aid TB Annually CPI Annually Valid Hawaii State Driver's License Fingerprinting
Unit Specific Competencies	Refer to attached Performance Standards/Indicators. Participates and maintains competencies/skills required for the position.
Equipment Used	Agency van, assigned computer, multi-line telephone, fax machine, xerox machine, cellular phone, DVD/VCR machine.
Working Environment	Modern well-lighted, air-conditioned work areas. Exposure to infectious disease is a risk. Noise level in the environment is usually moderate.
Physical Requirements	<ol style="list-style-type: none">1. See attached "Expected Physical Activities";2. Frequent reading of printed materials is essential;3. Listening skills necessary to effectively respond to supervisor, staff and referral sources. Writing skills necessary to accurately document in the consumer's record and maintain filing system.

School Based Counselor IV

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
<u>Essential Functions</u>				
Responsible to carry a full caseload.....	()	()	()	
Facilitates screenings, assessments, intakes and orientation, including referral interim process. Responsible to keep accurate documentation required to perform these core functions in a timely manner.....	()	()	()	
Document all pertinent client data activity including treatment plan number, length of activity and billing.....	()	()	()	
Develop, implement and prepare treatment plan to ensure the formulation of realistic and attainable short and long term goals.....	()	()	()	
Maintain client records in accordance with organizations policy and procedures and state standards.....	()	()	()	
Ensure client insurance and billing data forms are completed and reported on a timely basis when applicable.....	()	()	()	
Ensure insurance authorization for Quest, private insurance and/or alternative funding for clients served.....	()	()	()	
Hold individual counseling sessions, facilitate process groups, skill building and educational groups.....	()	()	()	
Organize and implement skill building groups by taking the Adolescents on outings that encourage pro-social skill development (Community Service, etc.)	()	()	()	
Conduct family counseling to improve the understanding of family dynamics. Educate family members and assist in improving communication.....	()	()	()	
Facilitate in the development of a multiple service plan and assist clients and their families in identifying available services and formal and informal resources.....	()	()	()	

School Based Counselor IV

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
Position Accountability & Performance Criteria				
Provides case management services to a regularly assigned caseload of clients, ensuring clients linkage to appropriate programs and community resources.....	()	()	()	()
Provide clinical supervision as directed.....	()	()	()	()
Responsible for completion of discharge summaries within five (5) days of discharge.....	()	()	()	()
Responsible for the development of monthly, quarterly and annual statistical reports.....	()	()	()	()
Participate in required court hearings regarding clients on assigned caseload when directed.....	()	()	()	()
Observe federal regulations (42CFR) and HIPAA (Health Insurance Portability Accountability Act, 1996) governing the confidentiality of alcohol and drug abuse client's privacy and records.....	()	()	()	()
<u>Additional Duties</u>				
Prepares and submits all required reports and school based Reconciliation on a timely basis with the acknowledged Fiscal policies	()	()	()	()
Submit referral and progress update letters as required.....	()	()	()	()
Facilitates training of new personnel in policies and procedures of the program under supervision.....	()	()	()	()
Attend workshops, trainings and seminars as directed.....	()	()	()	()
Attend weekly clinical staff meetings.....	()	()	()	()
Participate in outreach/ public speaking engagements as directed.....	()	()	()	()
Ability to instruct a wide range of individuals and groups in both formal and informal environments.....	()	()	()	()
Demonstrate an understanding of the 12 core functions, substance use/abuse and addiction.....	()	()	()	()

School Based Counselor IV

Duties & Responsibilities	Performance Standards/Indicators	N	CM	N/A
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Position Accountability & Performance Criteria

Additional Requirements

If working with adolescents, demonstrate an understanding of school issues including 504 and IDEA eligibility guidelines.....()	()	()	()
Demonstrate strong written and oral communication skills.....()	()	()	()
Demonstrate accurate computer skills.....()	()	()	()
Demonstrate a basic understanding of organizational and administrative skills, and a working knowledge of the functions and operations of a human services agency.....()	()	()	()
Demonstrate a working knowledge of CARF requirements.....()	()	()	()
Project a professional manner in conduct, dress and language at all times. Maintain a professional relationship with clients, ensuring boundaries and ethics are adhered to at all times.....()	()	()	()

Employee Signature

Date

Signature - Human Resources

Date

Comments
(Employee): _____

Comments
(Supervisor) _____

N=Needs Improvement CM=Consistently Meets Indicator N/A=Not Applicable

The above information on this description has been designed to indicate the general nature and level of work performed by an employee in this classification. It is not to be interpreted as a comprehensive inventory, for all duties, responsibilities, and qualifications of employees assigned to this job. Management has the right to add to, revise, or delete information in this description. Reasonable accommodations will be made to enable qualified individuals with disabilities to perform the essential functions of this position.

Employee Signature

Date

Supervisor Signature

Date

To be completed by Human Resources

Three (3) month Review: _____

Six (6) month Review: _____

Annual Review: _____

HR Initials: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 5/1/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Servco Insurance Services Corp 460 Kilauea Avenue, Suite 103 Hilo HI 96720		CONTACT NAME: Michele Clark PHONE (A/C No. Ext): (808) 935-2937 x222 FAX (A/C No): (808) 935-6112 E-MAIL ADDRESS: michelec@servco.com	
INSURED Big Island Substance Abuse Council etal 16-179 Melekauiwa St Keaau HI 96749		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Cos INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	


COVERAGES CERTIFICATE NUMBER: 14-15: GL Prof Umb REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	PRPK1168729	5/6/2014	5/6/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$		EXCESS over General and Professional Liability PRUB457921	5/6/2014	5/6/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					
A	Professional Liability Claims made basis		PRPK1168729	5/6/2014	5/6/2015	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Each Incident Limit \$1,000,000 Aggregate Limit \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Contract J12120 Drug Court and Contract J12100 Adult Client Services Branch, Hawaii Drug Court Program on Oahu. The State of Hawaii, its officers, employees and agent are additional insured but only with respect to operations performed by the named insured per attached form PI-GLD-HS 1011

COPY

CERTIFICATE HOLDER State of Hawaii The Judiciary 777 Punchbowl Street Honolulu, HI 96813	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. SERVO INSURANCE SERVICES AUTHORIZED REPRESENTATIVE By  CPCI
---	---

PI-GLD-HS (10/11)

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Sub-paragraphs (d) or (f); or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.
- j. **Franchisor** – Any person or organization with respect to their liability as the grantor of a franchise to you.
- k. **As Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations
- i. **Owners, Lessees or Contractors** – Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - (1) Your acts or omissions; or
 - (2) The acts or omissions of those acting on your behalf,in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Employee's Name:

Title:

Supervisor:

Date:

Staff Training Plan

Job Definition

1. Attach a current position description; if applicable, make note of any significant changes since last year's performance review.
2. Which position responsibilities do you view as most important? Why?
3. Have there been any special circumstances that have helped or hindered you in doing your position this year? If yes, what were the circumstances and how did they affect your work?

Accomplishments

1. List your most significant accomplishments or contributions during the past year. How do these achievements align with the goals/objectives outlined in your last review?
2. Since the last review conversation, have you performed any new tasks or additional duties outside the scope of your regular responsibilities? If so, please specify.
3. Describe professional development activities that have been helpful since last year (e.g., offsite seminars/classes, onsite training, peer training, on-the-job experience, better exposure to challenging projects).

Goal Setting

1. What are your goals for the coming year and what actions will you take to accomplish these goals?
2. What could your supervisor/manager do to support you in doing your job and accomplishing these goals?
3. What else would help you to do your job better and provide greater job satisfaction?

Development Planning

1. What kinds of professional development activities would you like to do during the coming year?

2. What support or information do you need to complete these activities?

Employee Comments:

Employee Signature: _____

Supervisor Comments:

Supervisor Signature: _____



Clinical Supervision Manual

Introduction

The Big Island Substance Abuse Council has developed a Clinical Supervision Training Manual for the purpose of assisting clinical staff to: 1) learn from their supervisor and from their experience, 2) improve clinical skills, and 3) to gain competency to ensure overall quality of care of consumers.

The Big Island Substance Abuse Council is an innovative behavioral health care provider dedicated to improving lives. The quality care of staff and consumers is embedded in this mission for which all practice, service and care is aligned with. The following manual provides a guideline of practice and agency expectation. This manual is a compilation of evidenced based material selected to fit BISAC's treatment model.

Functions of a Clinical Supervisor¹

You, the clinical supervisor, wear several important “hats.” You facilitate the integration of counselor self-awareness, theoretical grounding, and development of clinical knowledge and skills; and you improve functional skills and professional practices. These roles often overlap and are fluid within the context of the supervisory relationship. Hence, the supervisor is in a unique position as an advocate for the agency, the counselor, and the client. You are the primary link between administration and front line staff, interpreting and monitoring compliance with agency goals, policies, and procedures and communicating staff and client needs to administrators. Central to the supervisor’s function is the alliance between the supervisor and supervisee (Rigazio-DiGilio, 1997).

As shown in Figure 1, your roles as a clinical supervisor in the context of the supervisory relationship include:

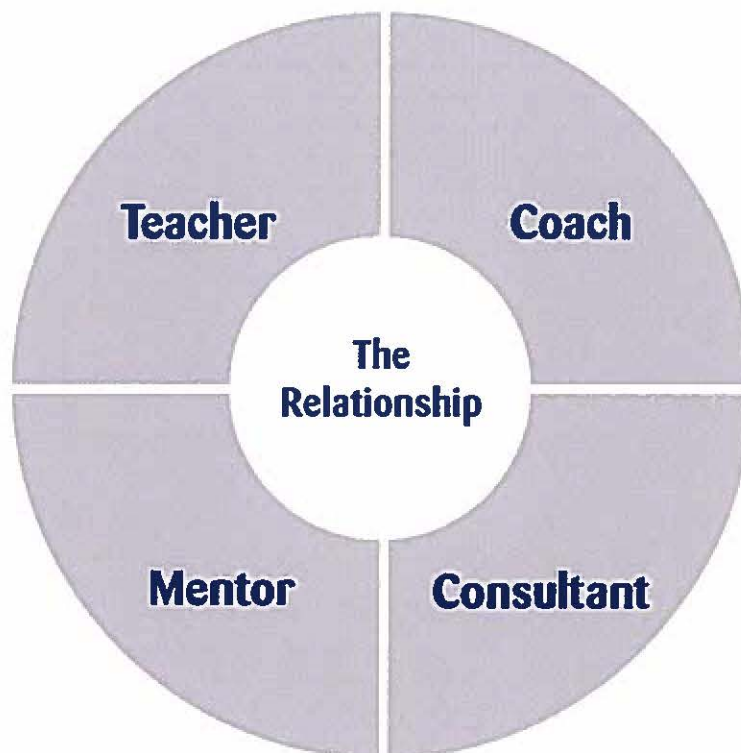
Teacher: Assist in the development of counseling knowledge and skills by identifying learning needs, determining counselor strengths, promoting self-awareness, and transmitting knowledge for practical use and professional growth. Supervisors are teachers,

trainers, and professional role models.

Consultant: Bernard and Goodyear (2004) incorporate the supervisory consulting role of case consultation and review, monitoring performance, counseling the counselor regarding job performance, and assessing counselors. In this role, supervisors also provide alternative case conceptualizations, oversight of counselor work to achieve mutually agreed upon goals, and professional gatekeeping for the organization and discipline (e.g., recognizing and addressing counselor impairment).

Coach: In this supportive role, supervisors provide morale building, assess strengths and needs, suggest varying clinical approaches, model, cheer-lead, and prevent burnout. For entry-level counselors, the supportive function is critical.

Mentor/Role Model: The experienced supervisor mentors and teaches the supervisee through role modeling, facilitates the counselor’s overall professional development and sense of professional identity, and trains the next generation of supervisors.



¹ Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSAnewsLetter/Volume_17_Number_6/Tip52.aspx

Central Principles of Clinical Supervision²

The Consensus Panel for this TIP has identified central principles of clinical supervision. Although the Panel recognizes that clinical supervision can initially be a costly undertaking for many financially strapped programs, the Panel believes that ultimately clinical supervision is a cost-saving process. Clinical supervision enhances the quality of client care; improves efficiency of counselors in direct and indirect services; increases workforce satisfaction, professionalization, and retention (see vignette 8 in chapter 2); and ensures that services provided to the public uphold legal mandates and ethical standards of the profession.

The central principles identified by the Consensus Panel are:

1. **Clinical supervision is an essential part of all clinical programs.** Clinical supervision is a central organizing activity that integrates the program mission, goals, and treatment philosophy with clinical theory and evidence-based practices (EBPs). The primary reasons for clinical supervision are to ensure (1) quality client care, and (2) clinical staff continue professional development in a systematic and planned manner. In substance abuse treatment, clinical supervision is the primary means of determining the quality of care provided.
2. **Clinical supervision enhances staff retention and morale.** Staff turnover and workforce development are major concerns in the substance abuse treatment field. Clinical supervision is a primary means of improving workforce retention and job satisfaction (see, for example, Roche, Todd, & O'Connor, 2007).
3. **Every clinician, regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, supervisors need and have a right to supervision of their supervision.** Supervision needs to be tailored to the knowledge base, skills, experience, and assignment of each counselor. All staff need supervision, but the frequency and intensity of the oversight and training will depend on the role, skill level, and competence of the individual. The benefits that come with years of experience are enhanced by quality clinical supervision.
4. **Clinical supervision needs the full support of agency administrators.** Just as treatment programs want clients to be in an atmosphere of growth and openness to new ideas, counselors should be in an environment where learning and professional development and opportunities are valued and provided for all staff.
5. **The supervisory relationship is the crucible in which ethical practice is developed and reinforced.** The supervisor needs to model sound ethical and legal practice in the supervisory relationship. This is where issues of ethical practice arise and can be addressed. This is where ethical practice is translated from a concept to a set of behaviors. Through supervision, clinicians can develop a process of ethical decision making and use this process as they encounter new situations.
6. **Clinical supervision is a skill in and of itself that has to be developed.** Good counselors tend to be promoted into supervisory positions with the assumption that they have the requisite skills to provide professional clinical supervision. However, clinical supervisors need a different role orientation toward both program and client goals and a knowledge base to complement a new set of skills. Programs need to increase their capacity to develop good supervisors.
7. **Clinical supervision in substance abuse treatment most often requires balancing administrative and clinical supervision tasks.** Sometimes these roles are complementary and sometimes they conflict. Often the supervisor feels caught between the two roles. Administrators need to support the integration and differentiation of the roles to promote the efficacy of the clinical supervisor. (See Part 2.)
8. **Culture and other contextual variables influence the supervision process; supervisors need to continually strive for cultural competence.** Supervisors require cultural competence at several levels. Cultural competence involves the counselor's response to clients, the supervisor's response to counselors, and the program's response to the cultural needs of the diverse community it serves. Since supervisors are in a position to serve as catalysts for change, they need to develop proficiency in addressing the needs of diverse clients and personnel.
9. **Successful implementation of EBPs requires ongoing supervision.** Supervisors have a role in determining which specific EBPs are relevant for an organization's clients (Lindbloom, Ten Eyck, & Gallon, 2005). Supervisors ensure that EBPs are successfully integrated into ongoing programmatic activities by training, encouraging, and monitoring counselors. Excellence in clinical supervision should provide greater adherence to the EBP model. Because State funding agencies now often require substance abuse treatment organizations to provide EBPs, supervision becomes even more important.
10. **Supervisors have the responsibility to be gatekeepers for the profession.** Supervisors are responsible for maintaining professional standards, recognizing and addressing impairment, and safeguarding the welfare of clients. More than anyone else in an agency, supervisors can observe counselor behavior and respond promptly to potential problems, including counseling some individuals out of the field because they are ill-suited to the profession. This "gatekeeping" function is especially important for supervisors who act as field evaluators for practicum students prior to their entering the profession. Finally,

² Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSANewsLetter/Volume_17_Number_6/Tip52.aspx

supervisors also fulfill a gatekeeper role in performance evaluation and in providing formal recommendations to training institutions and credentialing bodies.

11. **Clinical supervision should involve direct observation methods.** Direct observation should be the standard in the field because it is one of the most effective ways of building skills, monitoring counselor performance, and ensuring quality care. Supervisors require training in methods of direct observation, and administrators need to provide resources for implementing direct observation. Although small substance abuse agencies might not have the resources for one-way mirrors or videotaping equipment, other direct observation methods can be employed.

Guidelines for New Supervisors³

1. Quickly learn the organization's policies and procedures and human resources procedures (e.g., hiring and firing, affirmative action requirements, format for conducting meetings, giving feedback, and making evaluations). Seek out this information as soon as possible through the human resources department or other resources within the organization.
2. Ask for a period of 3 months to allow you to learn about your new role. During this period, do not make any changes in policies and procedures but use this time to find your managerial voice and decisionmaking style.
3. Take time to learn about your supervisees, their career goals, interests, developmental objectives, and perceived strengths.
4. Work to establish a contractual relationship with supervisees, with clear goals and methods of supervision.
5. Learn methods to help staff reduce stress, address competing priorities, resolve staff conflict, and other interpersonal issues in the workplace.
6. Obtain training in supervisory procedures and methods.
7. Find a mentor, either internal or external to the organization.
8. Shadow a supervisor you respect who can help you learn the ropes of your new job.
9. Ask often and as many people as possible, "How am I doing?" and "How can I improve my performance as a clinical supervisor?"
10. Ask for regular, weekly meetings with your administrator for training and instruction.
11. Seek supervision of your supervision.

Models of Clinical Supervision⁴

You may never have thought about your model of supervision. However, it is a fundamental premise of this TIP that you need to work from a defined model of supervision and have a sense of purpose in your oversight role. Four supervisory orientations seem particularly relevant. They include:

- Competency-based models.
- Treatment-based models.
- Developmental approaches.
- Integrated models.

Competency-based models (e.g., microtraining, the Discrimination Model [Bernard & Goodyear, 2004], and the Task-Oriented Model [Mead, 1990], focus primarily on the skills and learning needs of the supervisee and on setting goals that are specific, measurable, attainable, realistic, and timely (SMART). They construct and implement strategies to accomplish these goals. The key strategies of competency-based models include applying social learning principles (e.g., modeling role reversal, role playing, and practice), using demonstrations, and using various supervisory functions (teaching, consulting, and counseling).

Treatment-based supervision models train to a particular theoretical approach to counseling, incorporating EBPs into supervision and seeking fidelity and adaptation to the theoretical model. Motivational interviewing, cognitive-behavioral therapy, and psychodynamic psychotherapy are three examples. These models emphasize the counselor's strengths, seek the supervisee's understanding of the theory and model taught, and incorporate the approaches and techniques of the model. The majority of these models begin with articulating their treatment approach and describing their supervision model, based upon that approach.

³ Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSANewsLetter/Volume_17_Number_6/Tip52.aspx

⁴ Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSANewsLetter/Volume_17_Number_6/Tip52.aspx

Developmental models, such as Stoltenberg and Delworth (1987), understand that each counselor goes through different stages of development and recognize that movement through these stages is not always linear and can be affected by changes in assignment, setting, and population served. (The developmental stages of counselors and supervisors are described in detail below).

Integrated models, including the Blended Model, begin with the style of leadership and articulate a model of treatment, incorporate descriptive dimensions of supervision (see below), and address contextual and developmental dimensions into supervision. They address both skill and competency development and affective issues, based on the unique needs of the supervisee and supervisor. Finally, integrated models seek to incorporate EBPs into counseling and supervision.

In all models of supervision, it is helpful to identify culturally or contextually centered models or approaches and find ways of tailoring the models to specific cultural and diversity factors. Issues to consider are:

- Explicitly addressing diversity of supervisees (e.g., race, ethnicity, gender, age, sexual orientation) and the specific factors associated with these types of diversity;
- Explicitly involving supervisees' concerns related to particular client diversity (e.g., those whose culture, gender, sexual orientation, and other attributes differ from those of the supervisee) and addressing specific factors associated with these types of diversity; and
- Explicitly addressing supervisees' issues related to effectively navigating services in intercultural communities and effectively networking with agencies and institutions. It is important to identify your model of counseling and your beliefs about change, and to articulate a workable approach to supervision that fits the model of counseling you use. Theories are conceptual frameworks that enable you to make sense of and organize your counseling and supervision and to focus on the most salient aspects of a counselor's practice.

Developmental Stages of Counselors⁵

It is important to keep in mind several general cautions and principles about counselor development, including:

There is a beginning but not an end point for learning clinical skills; be careful of counselors who think they “know it all.”

Take into account the individual learning styles and personalities of your supervisees and fit the supervisory approach to the developmental stage of each counselor.

There is a logical sequence to development, although it is not always predictable or rigid; some counselors may have been in the field for years but remain at an early stage of professional development, whereas others may progress quickly through the stages.

Counselor Developmental Model			
Developmental Level	Characteristics	Supervision Skills Development Needs	Techniques
Level 1	<ul style="list-style-type: none"> • Focuses on self • Anxious, uncertain • Preoccupied with performing the right way • Overconfident of skills • Overgeneralizes • Overuses a skill • Gap between conceptualization, goals, and interventions • Ethics underdeveloped 	<ul style="list-style-type: none"> • Provide structure and minimize anxiety • Supportive, address strengths first, then weaknesses • Suggest approaches • Start connecting theory to treatment 	<ul style="list-style-type: none"> • Observation • Skills training • Role playing • Readings • Group supervision • Closely monitor clients
Level 2	<ul style="list-style-type: none"> • Focuses less on self and more on client • Confused, frustrated with complexity of counseling • Overidentifies with client • Challenges authority • Lacks integration with theoretical base • Overburdened • Ethics better understood 	<ul style="list-style-type: none"> • Less structure provided, more autonomy encouraged • Supportive • Periodic suggestion of approaches • Confront discrepancies • Introduce more alternative views • Process comments, highlight countertransference • Affective reactions to client and/or supervisor 	<ul style="list-style-type: none"> • Observation • Role playing • Interpret dynamics • Group supervision • Reading
Level 3	<ul style="list-style-type: none"> • Focuses intently on client • High degree of empathic skill • Objective third person perspective • Integrative thinking and approach • Highly responsible and ethical counselor 	<ul style="list-style-type: none"> • Supervisee directed • Focus on personal-professional integration and career • Supportive • Change agent 	<ul style="list-style-type: none"> • Peer supervision • Group supervision • Reading

Source: Stoltenberg, Delworth, & McNeil, 1998

⁵ Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSAnewsLetter/Volume_17_Number_6/Tip52.aspx

Monitoring Performance⁶

The goal of supervision is to ensure quality care for the client, which entails monitoring the clinical performance of staff. Your first step is to educate supervisees in what to expect from clinical supervision. Once the functions of supervision are clear, you should regularly evaluate the counselor's progress in meeting organizational and clinical goals as set forth in an Individual Development Plan (IDP) (see the section on IDPs below). As clients have an individual treatment plan, counselors also need a plan to promote skill development.

Behavioral Contracting

Among the first tasks in supervision is to establish a contract for supervision that outlines realistic accountability for both yourself and your supervisee. The contract should be in writing and should include the purpose, goals, and objectives of supervision; the context in which supervision is provided; ethical and institutional policies that guide supervision and clinical practices; the criteria and methods of evaluation and outcome measures; the duties and responsibilities of the supervisor and supervisee; procedural considerations (including the format for taping and opportunities for live observation); and the supervisee's scope of practice and competence. The contract for supervision should state the rewards for fulfillment of the contract (such as clinical privileges or increased compensation), the length of supervision sessions, and sanctions for non-compliance by either the supervisee or supervisor. The agreement should be compatible with the developmental needs of the supervisee and address the obstacles to progress (lack of time, performance anxiety, resource limitations). Once a behavioral contract has been established, the next step is to develop an IDP.

Individual Development Plan

The IDP is a detailed plan for supervision that includes the goals that you and the counselor wish to address over a certain time period (perhaps 3 months). Each of you should sign and keep a copy of the IDP for your records. The goals are normally stated in terms of skills the counselor wishes to build or professional resources the counselor wishes to develop. These skills and resources are generally oriented to the counselor's job in the program or activities that would help the counselor develop professionally. The IDP should specify the timelines for change, the observation methods that will be employed, expectations for the supervisee and the supervisor, the evaluation procedures that will be employed, and the activities that will be expected to improve knowledge and skills.

Evaluation of Counselors

Supervision inherently involves evaluation, building on a collaborative relationship between you and the counselor. Evaluation may not be easy for some supervisors. Although everyone wants to know how they are doing, counselors are not always comfortable asking for feedback. And, as most supervisors prefer to be liked, you may have difficulty giving clear, concise, and accurate evaluations to staff.

The two types of evaluation are formative and summative. A formative evaluation is an ongoing status report of the counselor's skill development, exploring the questions "Are we addressing the skills or competencies you want to focus on?" and "How do we assess your current knowledge and skills and areas for growth and development?"

Summative evaluation is a form of counselor's overall job performance, fitness for the job, and job rating. It answers the question, "How does the counselor measure up?" Typically, summative evaluations are done annually and focus on the counselor's overall strengths, limitations, and are as for future improvement.

It should be acknowledged that supervision is inherently an unequal relationship. In most cases, the supervisor has positional power over the counselor. Therefore, it is important to establish clarity of purpose and a positive context for evaluation. Procedures should be spelled out in advance, and the evaluation process should be mutual, flexible, and continuous. The evaluation process inevitably brings up supervisee anxiety and defensiveness that need to be addressed openly. It is also important to note that each individual counselor will react differently to feedback; some will be more open to the process than others.

⁶ Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSANewsLetter/Volume_17_Number_6/Tip52.aspx

Direct observation of the counselor's work is the desired form of input for the supervisor. Although direct observation has historically been the exception in substance abuse counseling, ethical and legal considerations and evidence support that direct observation as preferable. The least desirable feedback is unannounced observation by supervisors followed by vague, perfunctory, indirect, or hurtful delivery (Powell&Brodsky,2004).

Clients are often the best assessors of the skills of the counselor. Supervisors should routinely seek input from the clients as to the outcome of treatment. The method of seeking input should be discussed in the initial supervisory sessions and be part of the supervision contract. In a residential substance abuse treatment program, you might regularly meet with clients after sessions to discuss how they are doing, how effective the counseling is, and the quality of the therapeutic alliance with the counselor. (For examples of client satisfaction or input forms, search for Client-Directed Outcome-Informed Treatment and Training Materials a <http://www.talkingcure.com>.) Before formative evaluations begin, methods of evaluating performance should be discussed, clarified in the initial sessions, and included in the initial contracts that there will be no surprises. Formative evaluations should focus on changeable behavior and, whenever possible, be separate from the overall annual performance appraisal process. To determine the counselor's skill development, you should use written competency tools, direct observation, counselor self assessments, client evaluations, work samples(files and charts),and peer assessments. Examples of works samples and peer assessments can be found in Bernard and Goodyear(2004), Powell and Brodsky (2004), and Campbell (2000). It is important to acknowledge that counselor evaluation is essentially a subjective process involving supervisors' opinions of the counselors' competence.

SUPERVISION DOCUMENTATION

- All Supervision must be completed on the Supervision Developmental Plan
- Scan and email to the Chief Clinical Officer and Human Resource Coordinator
 - A copy of your supervision must be given to the employee being supervised

The Supervision Developmental Plan is a form utilized during supervision and is a record of discussion points, goals, and core competencies.

Supervision Developmental Plan

Staff name _____ Supervisor: _____ Today's date: _____

Competency to be addressed (Please check) |
 _____ Screening _____ Intake _____ Orientation _____ Assessment _____ Treatment Planning _____ Counseling
 _____ Case Management _____ Client Education _____ Referral _____ Report and Record Keeping _____ Consultation

Strengths: _____

Challenges/Concerns: _____

Present level of proficiency from rating forms	Level of proficiency to be achieved with this learning plan	Date of completion of this plan
1 2 3 4 5 (being the highest)	1 2 3 4 5 (being the highest)	

What is the issue: Indicate the knowledge, skill and/or attitudes to be addressed	Goal What is to be accomplished? (measurable behavioral)	Activities necessary to achieve the goal What will be done?	Metrics How will progress be measured?	Completion Date Date for completion of goal (s)
Knowledge: Consists of interpretive action and interaction – factors that involve communication and experience				
Skill: The capacity to perform acceptably those duties directly related to client care and delivery of service				
Attitude: Ethical, objective, non-judgmental and empathetic presentation				

Supervisor signature: _____ Counselor: _____

Methods of Observation⁷

The choice of observation methods in a particular situation will depend on the need for an accurate sense of counseling, the availability of equipment, the context in which the supervision is provided, and the counselor's and your skill levels. A key factor in the choice of methods might be the resistance of the counselor to being observed. For some supervisors, direct observation also puts the supervisor's skills on the line too, as they might be required to demonstrate or model their clinical competencies.

⁷ Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSANewsLetter/Volume_17_Number_6/Tip52.aspx

Recorded Observation

Audiotaped supervision has traditionally been a primary medium for supervisors and remains a vital resource for therapy models such as motivational interviewing. On the other hand, videotape supervision (VTS) is the primary method of direct observation in both the marriage and family therapy and social work fields (Munson, 1993; Nichols, Nichols, & Hardy, 1990). Video cameras are increasingly commonplace in professional settings. VTS is easy, accessible, and inexpensive. However, it is also a complex, powerful and dynamic tool, and one that can be challenging, threatening, anxiety-provoking, and humbling. Several issues related to VTS are unique to the substance abuse field:

- Many substance abuse counselors “grew up” in the field without taping and may be resistant to the medium;
- Many agencies operate on limited budgets and administrators may see the expensive equipment as prohibitive and unnecessary; and
- Many substance abuse supervisors have not been trained in the use of videotape equipment or in VTS. Yet, VTS offers nearly unlimited potential for creative use in staff development. To that end, you need training in how to use VTS effectively. The following are guidelines for VTS:
 - Clients must sign releases before taping. Most programs have a release form that the client signs on admission.
 - You cannot force compliance.
 - The use and rationale for taping needs to be clearly explained to clients. This will forestall a client’s questioning as to why
 - particular session is being taped.
 - Risk-management considerations in today’s litigious climate necessitate that tapes be erased after the supervision session.
 - Tapes can be admissible as evidence in court as part of the clinical record. Since all tapes should be erased after supervision, this must be stated in agency policies. If there are exceptions, those need to be described.
 - Too often, supervisors watch long, uninterrupted segments of tape with little direction or purpose. To avoid this, you may want to ask your supervisee to cue the tape to the segment he or she wishes to address in supervision, focusing on the goals established in the IDP. Having said this, listening only to segments selected by the counselor can create some of the same disadvantages as self-report: the counselor chooses selectively, even if not consciously. The supervisor may occasionally choose to watch entire sessions.
 - You need to evaluate session flow, pacing, and how counselors begin and end sessions.
 - Some clients may not be comfortable being videotaped but may be more comfortable with audio taping. Videotaping is not permitted in most prison settings and EAP services. Videotaping may not be advisable when treating patients with some diagnoses, such as paranoia or some schizophrenic illnesses. In such cases, either live observation or less intrusive measures, such as audio taping, may be preferred.

The following is a sample form required for digital recording of sessions:

Consent for digital video or audio recording

I, _____ hereby authorize

(Print Client's Name)

_____ to record by ___ audio ___ video, our

(Counselor's Name)

counseling sessions for supervisory purposes. I understand that these recordings may be viewed by my counselor's supervisor and my counselor's professional colleagues in small group (i.e. less than 10 people) or individual supervision for educational and consulting purposes for up to 6 months after the date this form is signed, after which the recording will be deleted.

I understand that I may revoke this consent* at any time except to the extent that action based on this consent has been taken, or if this form has been used to obtain insurance coverage for services provided. This authorization is fully understood and is made voluntarily on my part.

_____ Date _____

(Signature of Client or Legally Responsible Person)

(Witness)

*In order to revoke consent, please contact Raquel Chang, Chief Clinical Officer

Another form of performance evaluation is receiving feedback directly from the consumer. The following form is a sample:

Client Feedback on Session for Counselor Form

Name of Client _____ Session Date _____

Name of Counselor _____

Client Instructions: Please respond to the following statements or questions and return to me immediately after your counseling session in order to provide feedback on my counseling and other helping skills. Your feedback may be shared with my clinical supervisor for educational and supervisory purposes.

- 1. The most helpful things the counselor said, asked, or did this session were ...**
- 2. Were you (the client) able to discuss the issues, concerns, or problems that you (the client) wanted to this session? __ yes __ no. What type of issue/concern/problem was it?**
- 3. Did the counselor seem uncomfortable or have difficulty during the session? __ yes __ no. If yes, when did this occur?**
- 4. The next time we meet I (the client) would prefer that you (the counselor) ...**
- 5. The best part of this session for me (the client) was ...**
- 6. The most negative part of this session for me (the client) was ...**
- 7. Do you (the client) have any other feedback that will help me (the counselor) help you or improve my counseling skills?**

Live Observation ⁸

With live observation you actually sit in on a counseling session with the supervisee and observe the session firsthand. The client will need to provide informed consent before being observed. Although one-way mirrors are not readily available at most agencies, they are an alternative to actually sitting in on the session. A videotape may also be used either from behind the one-way mirror (with someone else operating the videotaping equipment) or physically located in the counseling room, with the supervisor sitting in the session. This combination of mirror, videotaping, and live observation maybe the best of all worlds, allowing for unobtrusive observation of a session, immediate feedback to the supervisee, modeling by the supervisor (if appropriate), and a record of the session for subsequent review in supervision. Live supervision may involve some intervention by the supervisor during the session.

The following are two forms used for group and individual observations:

GROUP COUNSELOR SKILLS OBSERVATION WORKSHEET

Counselor _____ Observer _____

Name of the group _____ Date _____

<i>SKILLS DEMONSTRATED</i>	<i>RATING SCALE</i>							
	1	2	3	4	5	n/a	yes	no
Client-Centered Techniques								
Reflective listening – uses feeling statements								
Paraphrasing – restates the clients message								
Rephrasing – restates what the client said								
Empathy – trying to see from the clients perspective								
Acceptance – unconditional regard, respect. Avoids agreement or disagreement								
Transparency – self-awareness, state what you feel								
OTHER:								

⁸ Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSANewsLetter/Volume_17_Number_6/Tip52.aspx

Group Structure	
Opening – strong start. Set tone. Introductory statement of material to be covered during the class.	
Room preparation – chairs in a circle or group members seated in a manner that encourages participation, engagement	
Curriculum – approved, evidenced based material presented. Handouts and other materials ready before group starts.	
OTHER:	
Teaching Methods Used	
Reading	
Group discussion	
Using client case as examples for the group	
Game	
Role playing	
Process	
Using the white board	
OTHER:	
OTHER:	
OTHER:	

Motivational Interviewing Skills	
Ask permission to give feedback	
State what you see in the clients' behavior	
State your concerns about the behavior	
Assume that the client is aware and working on it	
Ask client to clarify what they heard you say	
Clarify misunderstandings and confirm a mutual understanding	
OTHER:	

Comments / Observations / Suggestions:

Goal / plan to strengthen skill level:

Rating Scale

1 = More training needed to clarify how and when to use this skill. Role-play with colleague or supervisor.

2 = Good efforts to use skill. Observe a colleague's group to see it used within 14 days. _____ (Name, date)

3 = Good use of the skill. Growing comfort in using this method. Role-play & observe colleague to strengthen skill level.

4 = Effective use of skill in timing, context. Good understanding this method. Demonstrate, role-play to peers with 1-3 ratings.

5 = Excellent, consistent, effective demonstration of this skill. Mastery of the technique.

n/a = Not applicable to the group context or skill not demonstrated.

INDIVIDUAL SESSION COUNSELOR SKILLS OBSERVATION WORKSHEET

Counselor _____

Observer _____

Date _____

Type of interaction: _____ (assessment, treatment planning/review, 1x1

session, conflict resolution, transfer of care planning, other.)

SKILLS DEMONSTRATED

RATING SCALE

ENGAGEMENT SKILLS

1 2 3 4 5 n/a yes no

Convey warmth, respect and genuineness in a culturally appropriate manner

Demonstrate active listening, reflective listening, affirming, summarizing

Counseling style matches the tone of the interaction

Counseling style matches the client's stage of change

WORKING THROUGH SKILLS

1 2 3 4 5 n/a yes no

Clinical and treatment plan present, reviewed, updated

Worked collaboratively to identify goals and formulate plans/goals

Maintained clinical focus regarding progress towards goals

Recognize and address ambivalence and resistance appropriately

Ability to re-frame and redirect negative behaviors

Model and teach effective decision making and problem solving skills

MOTIVATIONAL INTERVIEWING SKILLS

1 2 3 4 5 n/a yes no

Ask permission to give feedback

State what you see in the clients' behavior

State your concerns about the behavior

Assume that the client is aware and working on it

Ask client to clarify what they heard you say

Clarify misunderstandings and confirm a mutual understanding

CLOSING SKILLS

1 2 3 4 5 n/a yes no

Ability to summarize and review interaction

Highlight client strengths

Progress note completed

Questions for review of session

What counseling methods did you use and feel most comfortable with?

What was your biggest challenge in this session?

What did you do well?

What did you feel best about?

Any boundary issues arise?

Any questions about any aspect of the session?

Comments / Observations / Suggestions: _____

Goal / plan to strengthen skill level: _____

Rating Scale

1 = More training needed to clarify how and when to use this skill. Role-play with colleague or supervisor.

2 = Good efforts to use skill.

3 = Good use of the skill. Growing comfort in using this method. Role-play to strengthen skill level.

4 = Effective use of skill in timing, context. Good understanding this method. Demonstrate, role-play to peers with 1-3 ratings.

5 = Excellent, consistent, effective demonstration of this skill. Mastery of the technique.

n/a = Not applicable to the group context or skill not demonstrated.

Documenting Clinical Supervision ⁹

Correct documentation and recordkeeping are essential aspects of supervision. Mechanisms must be in place to demonstrate the accountability of your role. These systems should document:

- Informal and formal evaluation procedures.
- Frequency of supervision, issues discussed, and the content and outcome of sessions.
- Due process rights of supervisees (such as the right to confidentiality and privacy, to informed consent).
- Risk management issues (how to handle crises, duty-to-warn situations, breaches of confidentiality).

One comprehensive documentation system is Falvey's (2002a) Focused Risk Management Supervision System (FoRMSS), which provides templates to record emergency contact information, supervisee profiles, a logging sheet for supervision, an initial case review, supervision records, and a client termination form.

Supervisory documents and notes are open to management, administration, and human resources (HR) personnel for performance appraisal and merit pay increases and are admissible in court proceedings. Supervision notes, especially those related to work with clients, are kept separately and are intended for the supervisor's use in helping the counselor improve clinical skills and monitor client care. It is imperative to maintain accurate and complete notes on the supervision. However, as discussed above, documentation procedures for formative versus summative evaluation of staff may vary. Typically, HR accesses summative evaluations, and supervisory notes are maintained as formative evaluations.

An example of a formative note by a supervisor might be "The counselor responsibly discussed countertransference issues occurring with a particular client and was willing to take supervisory direction," or "We worked out an action plan, and I will follow this closely." This wording avoids concerns by the supervisor and supervisee as to the confidentiality of supervisory notes. From a legal perspective, the supervisor needs to be specific about what was agreed on and a timeframe for following up.

⁹ Extracted from TIP 52: SAMHSA A Guide for Clinical Supervision
http://www.samhsa.gov/SAMHSAnewsLetter/Volume_17_Number_6/Tip52.aspx

SUPERVISION PROTOCOL

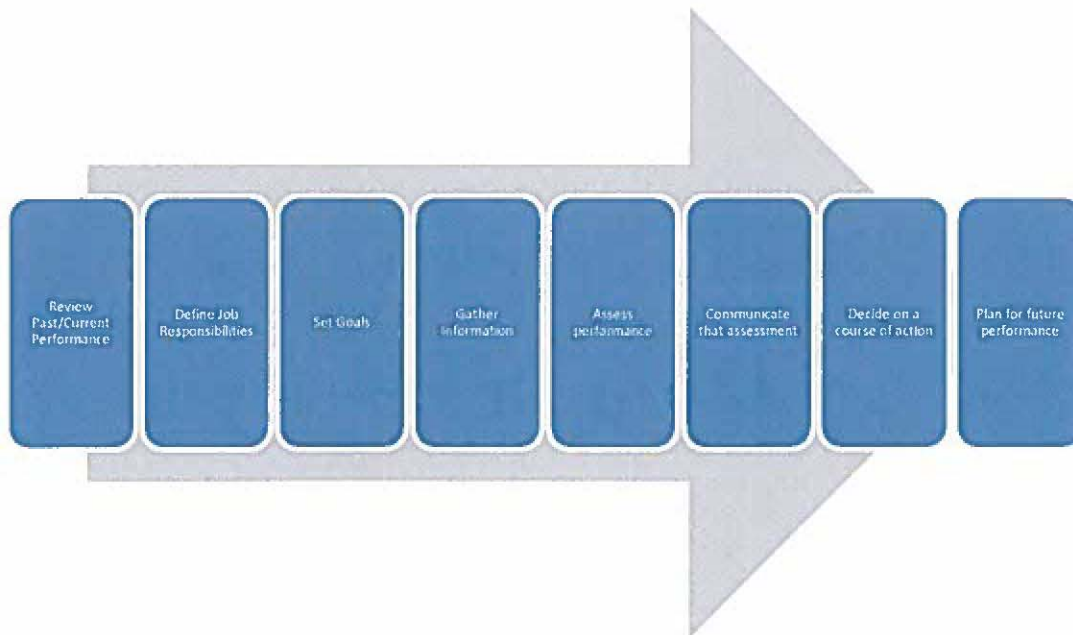
Supervision or Performance Evaluation Process

Supervisor Should:

1. Translate organizational goals into individual job objectives and requirements.
2. Communicate their expectations regarding staff performance.
3. Provide feedback to staff.
4. Coach the staff on how to achieve job objectives and requirements.
5. Diagnose the staff's relative strengths and weaknesses.
6. Determine a development plan for improving job performance and ability utilization.

Staff should get the answers to:

1. What am I expected to do?
2. How well am I doing?
3. What are my strengths and weaknesses?
4. How can I do a better job?
5. How can I contribute more?



Documenting Supervision or Performance

1. Complete a precise, written job analysis.
2. Weigh job responsibilities and goals according to importance.
3. Provide timely feedback immediately following the performance.
4. Record incidents of and your communications about performance.
5. Keep a running record.
6. Note specific examples of good and poor performance.
7. Be clear and concrete in writing.
8. Interact frequently with those whom you evaluate.
9. Ensure that files adequately portray effective and ineffective performance.
10. Represent the employee's total performance—all responsibilities and goals over the entire rating period.
11. Seek other people's assessment of the employee's performance.
12. Standardize data-gathering procedures.

After Supervision or Performance

#1-PUT IT IN WRITING

Selected improvement goals.

Methods for achieving each improvement.

Deadlines for each improvement and evidence that it has been reached.

Support and resources needed to accomplish the improvements.

#2- FOLLOW THROUGH

This is the foundation for performance evaluation.

Schedule periodic meetings with the employee to monitor progress.

Be prepared to offer motivational and formative feedback as needed.

If the improvement plan is not working, be prepared to change it.

#3 –REFLECT

Take the time to reflect your performance as the evaluator. Questions to consider are:

What did I do well? What did I do poorly?

What did I learn about the employee?

What did I learn about myself and the job?

Did the employee give you any insights about your performance as supervisor?

What, if anything, will I do differently the next time?

The basis of supervision is based on the core competency areas. The following is an example of competency descriptions and evaluation indicators.

12 CORE FUNCTIONS

Supervision is based on the 12 Core Functions of counseling. The following is a simplified explanation of each of the core functions of counseling.

1. **Screening:** This is the initial evaluation stage, during which a potential patient's physiological, psychological, and social symptoms of substance abuse are evaluated. The client's need and eligibility for treatment is assessed, and based these and other factors, a counselor will decide whether or not to admit the patient for treatment.

This function requires the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has become dysfunctional for a particular client. The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or day care). Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functioning of the client, outside support/resources, previous treatment efforts, motivation, and the philosophy of the program. The eligibility criteria are generally determined by focus, target population, and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level, and the referral source. Allusion to following agency policy is a minimally acceptable statement. If the client is found ineligible or inappropriate for this program, the counselor should be able to suggest an alternative.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Screening	1. Evaluate psychological, social and physiological signs and symptoms of alcohol and other drug use and abuse. 2. Determine the client's appropriateness for admission or referral. 3. Determine the client's eligibility for admission or referral. 4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or services. 5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.				

2. **Intake:** For all intents and purposes, this can be seen as an extension of the screening stage. During this process, the decision to admit the patient is documented extensively and made official.

The intake usually becomes an extension of the screening, when the decision to formally admit is documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign a consent for treatment, and assign the primary counselor.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Intake	6. Complete required documents for admission to the program. 7. Complete required documents for program eligibility and appropriateness. 8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.				

3. **Orientation:** These first three core functions of addiction counseling may not be exact in order; the orientation stage may take place before, during, or after the screening and intake stages. The main goal of orientation is to familiarize the client with the general rules and goals of the counseling program, and what the client can and should expect over the course of treatment.

The orientation may be provided before, during, and/or after the client's screening and intake. It can be conducted in an individual, group, or family context. Portions of the orientation may include other personnel for certain specific aspects of treatment, such as medication.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Orientation	9. Provide an overview to the client by describing program goals and objectives for client care. 10. Provide an overview to the client by describing program rules, and client obligations and rights. 11. Provide an overview to the client of program operations.				

4. **Assessment:** Moving on to the next stage of the 12 core functions of a substance abuse counselor, this is when the counselor/patient relationship really begins. In this stage, the counselor works with the patient

to gather his history, relating but not limited to any problems with substance abuse. This information-gathering can take the form of interviews, testing, and review of patient records.

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing, and/or record reviews. The counselor evaluates major life areas (i.e., physical health vocational development, social adaptation, legal involvement, and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The results of this assessment should suggest the focus treatment.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Assessment	12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques. 13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history. 14. Identify appropriate assessment tools. 15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding. 16. Develop a diagnostic evaluation of the client's substance abuse and any co-existing conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.				

5. Treatment Planning: Now the counselor and patient really start to work together; during this process, the counselor and patient identify the problems that are in need of resolution, and discuss and agree upon an appropriate treatment process by establishing short- and long-term goals.

The treatment contract is based on the assessment and is a product of negotiation between the client and counselor to be sure the plan is tailored to the individual's needs. The language of the problem, goal, and strategy statements should be specific, intelligible to the client, and expressed in behavioral terms. The statement of the problem concisely on a client need identified previously. The goal statements refer specifically to the identified problem and may include one objective or set of objectives ultimately intended to solve or mitigate the problem. The goals must be expressed in behavioral terms in order for the counselor and client to determine progress in treatment. Both immediate and long-term goals should be established. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will provide them, when they will be provided, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Treatment Planning	17. Explain assessment results to client in an understandable manner. 18. Identify and rank problems based on individual client needs in the written treatment plan. 19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan. 20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.				

6. Counseling: The counselor assists his patient by examining the patient's actions and problems, and by helping the patient see the consequences of his substance abuse and destructive behaviors. The counselor also works with his client to come up with solutions that the patient can agree to and be held accountable for and, together, the two implement their treatment plan.

The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Motivational Interviewing, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific approach for the particular client. For example, a behavioral approach might be suggested for clients who are resistant and manipulative or have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate. Also, the counselor should explain his or her rationale for choosing a counseling approach in an individual, group, or family context. Finally, the counselor should be able to explain why a counseling approach or context changed during treatment.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Counseling	21. Select the counseling theory(ies) that apply(ies). 22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications. 23. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting. 24. Individualize counseling in accordance with cultural, gender, and lifestyle differences. 25. Interact with the client in an appropriate therapeutic manner. 26. Elicit solutions and decisions from the client. 27. Implement the treatment plan.				

7. Case Management: This core function of counseling brings the various parties and resources together for the purpose of coordinating services for the client. After a treatment plan has been established, the gathered resources come together to help meet the patient's needs as mapped out in the treatment plan.

Case management is the coordination of a multiple services plan. Case management decisions must be explained to the client. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the criminal justice system. The client may also be receiving other treatment services such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment. The report and record keeping function is important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor in providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it enhances the client's entire treatment experience. The applicant must prove personal action in regard to the report and record keeping function.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Case Management	28. Coordinate services for client care. 29. Explain the rationale of case management activities to the client.				

8. Crisis Intervention: Of the 12 core functions of a substance abuse counselor, this one may be the most intermittent. It involves taking immediate action in response to any serious or crucial crises that come up during the course of treatment.

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture--before, during and after the crisis. It is imperative that the counselor be able to identify the crises when they surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Crisis Intervention	30. Recognize the elements of the client crisis. 31. Implement an immediate course of action appropriate to the crisis. 32. Enhance overall treatment by utilizing crisis events.				

9. Client Education: It's part of the counselor's responsibility to provide resources and information to other groups and individuals who may also have issues with substance abuse. These resources should be aimed at informing and educating the general public, and letting them know what resources and services are available.

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Client Education	33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes. 34. Present information about available alcohol and other drug services and resources.				

10. Referral: Over the course of the other core functions of addiction counseling, it's likely that a patient will express certain problems and needs that cannot be met by his counselor. When that happens, the counselor should assist the client in matching his needs to the appropriate resource, such as a different counselor or treatment program.

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and should be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including confidentiality requirements and outcomes of the referral. Referral is obviously closely related to case management when integrated into the initial and on-going treatment plan. It also includes, however, aftercare of discharge planning referrals that take into account the continuum of care.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Referral	35. Identifying need(s) and/or problem(s) that the agency and/or counselor cannot meet. 36. Explain the rationale for the referral to the client. 37. Match client needs and/or problems to appropriate resources. 38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality. 39. Assist the client in utilizing the support systems and community resources available.				

12. **Reports and Record Keeping:** As with most jobs, it's important to document the administration and results of assessments and treatment. Counselors are responsible for taking notes, writing reports, and keeping track of other data relating to each patient.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Report and Record Keeping	40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.41. Chart the ongoing information pertaining to the client. 42. Utilize relevant information from written documents for client care.				

12. **Consultation with Other Professionals in Regard to Client Treatment/Services:** The last of the core functions of counseling is one that many patients may underestimate. By consulting with other staff and peers, counselors can ensure that the patient has been provided with the best and most thorough care and treatment.

Consultation is meetings for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

Competency Area	Description	Needs Improvement	Able to Perform Skill	Proficient	Consistent Mastery
Consultation	43. Recognize issues that are beyond the counselor's base of knowledge and/or skill. 44. Consult with appropriate resources to ensure the provision of effective treatment services. 45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data. 46. Explain the rationale for the consultation to the client, if appropriate.				

Monthly

Big Island Substance Abuse Council Clinical Staff Supervision

Big Island Substance Abuse Council BISAC
Nonprofit Grant Application
Attachment F - Supervision Form

Staff Name: _____ Supervisor: _____ Today's Date: _____

Position: _____

Follow-up from last supervision: _____

Clinical/Case Review: Ct. # _____

Ct. # _____

Ct. # _____

Administration Vacation _____

Census _____

Direct Service _____

Discharges Needed _____

Grievances/Suggestions: _____

Learning Needs E-Learning _____

Educational Goals _____

Licensure _____

CSAC _____

Do you have your CSAC? ___ YES ___ NO

If Yes, where are you at in obtaining your 40 CEU hours for recertification? _____

Are you working to obtain your certification? YES NO

What steps have you taken so far?

_____ Research what is needed.

_____ 270 Education Hours

_____ 6000 Work Experience Hours

_____ Paid \$25 for general application fee

_____ 400 Supervision hours of 12 Core Function

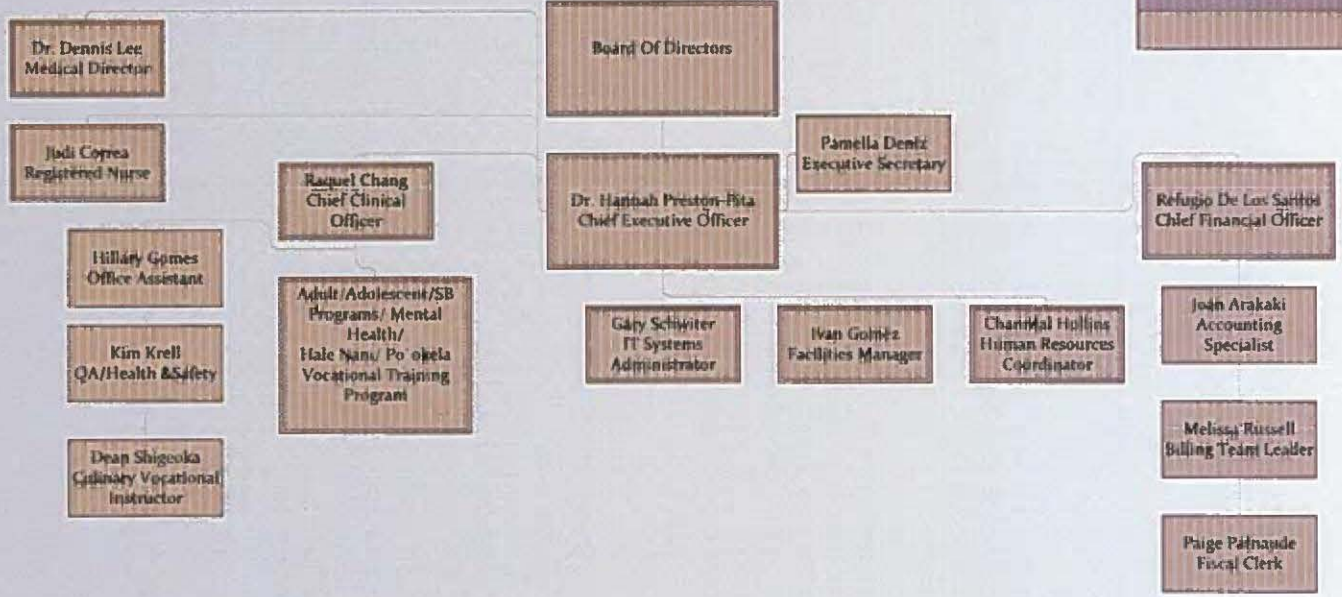
Progress on Goals: (Please circle)

1. Knowledge: _____ Not Applicable 2. Skills: _____ Not Applicable

3. Behaviors: _____ Not Applicable 4. Attitude: _____ Not Applicable

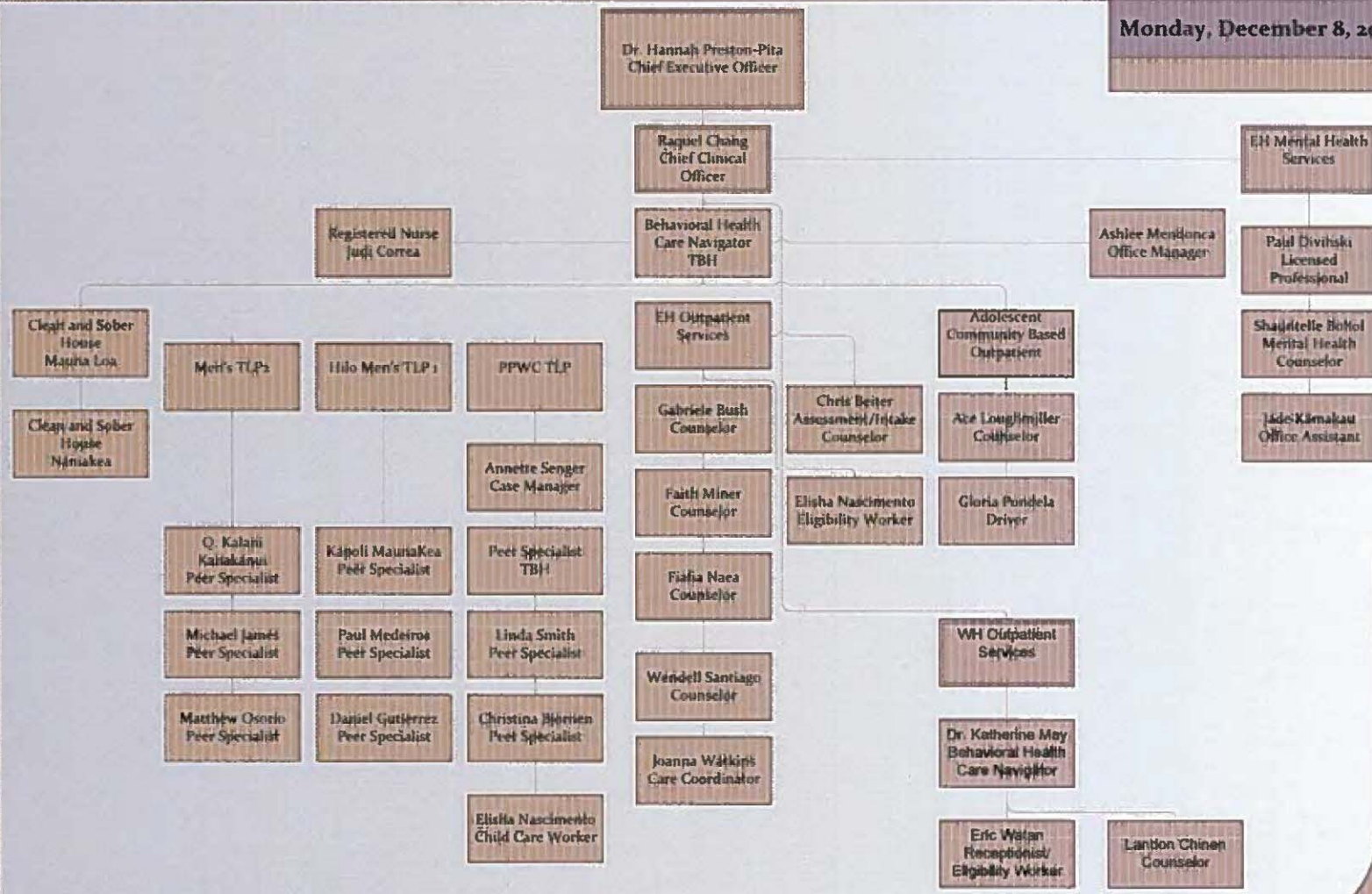
Big Island Substance Abuse Council - Administration

Monday, December 8, 2014



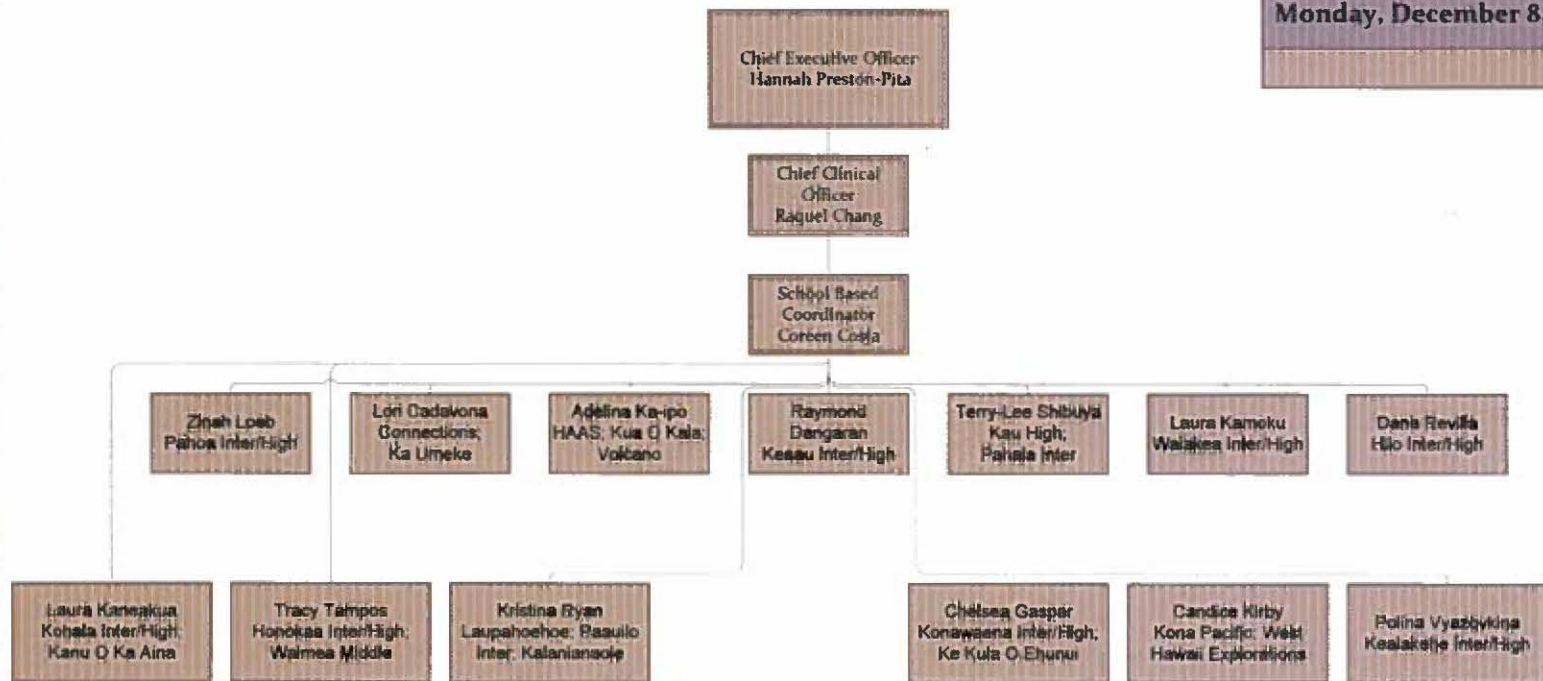
Big Island Substance Abuse Council – East Hawaii Services

Monday, December 8, 2014



Big Island Substance Abuse Council – School Base Services

Monday, December 8, 2014





www.carf.org

February 19, 2013

Hannah Preston-Pita
Chief Executive Officer
Big Island Substance Abuse Council
135 Pu'uhonu Way
Suite 201
Hilo, HI 96720

Dear Dr. Preston-Pita:

Congratulations! The accreditation certificate for Big Island Substance Abuse Council is enclosed. We encourage you to display the certificate as a symbol of your organization's commitment to quality.

Your organization's accreditation award is through 2/29/2016, with an annual demonstration of conformance to the standards, policies, and procedures required to retain accreditation. Each year, when your organization submits evidence of its continued conformance to the CARF standards, we will send you a gold seal to add to the certificate.

We commend your organization for its commitment to improving quality and appreciate your dedication to CARF International accreditation.

If you have any questions regarding your organization's accreditation, please call your resource specialist, Emily Hosea, toll free at 888-281-6531, extension 7193.

Our staff looks forward to working with you in your ongoing pursuit of excellence.

Sincerely,

Brian J. Boon, Ph.D.
President/CEO

Postal delivery enclosure

- Accreditation certificate

CARF INTERNATIONAL
6951 East Southpoint Road
Tucson, AZ 85756 USA
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Fax 520 318 1129

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10665 Jasper Avenue, Suite 760
Edmonton, AB T5J 3S9 CANADA
Toll-free 877 434 5444
Tel 780 429 2538
Fax 780 428 7274

CARF INTERNATIONAL

*A Three-Year Accreditation is awarded to
Big Island Substance Abuse Council*

for the following programs:

*Community Housing: Integrated: AOD/MH (Adults)
Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)
Intensive Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)*

*This accreditation is valid through
February 2016*

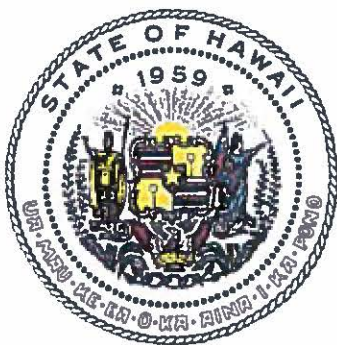
*The accreditation seals in place below signify that the organization has met annual
conformance requirements for quality standards that enhance the lives of persons served.*



This accreditation certificate is granted by authority of:

Kayda Johnson
Chair
CARF International Board of Directors

Brian J. Boon, Ph.D.
President/CEO
CARF International



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs
of the State of Hawaii, do hereby certify that

BIG ISLAND SUBSTANCE ABUSE COUNCIL

was incorporated under the laws of Hawaii on 05/27/1964 ;
that it is an existing nonprofit corporation; and that,
as far as the records of this Department reveal, has complied
with all of the provisions of the Hawaii Nonprofit Corporations
Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the
Department of Commerce and Consumer
Affairs, at Honolulu, Hawaii.

Dated: January 20, 2015

Interim Director of Commerce and Consumer Affairs

