

House District \_\_\_\_\_

Senate District \_\_\_\_\_

**-THE TWENTY-SIXTH LEGISLATURE  
HAWAII STATE LEGISLATURE  
APPLICATION FOR GRANTS & SUBSIDIES  
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No: \_\_\_\_\_

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

"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.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

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

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  
Dba:

Street Address:  
16-179 Melekehwiwa Street, Kea`au, HI 96749  
Mailing Address:  
16-179 Melekehwiwa 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 ext. 827  
Fax # (808) 969-7570  
e-mail dr.hannah@bisac.com

**3. TYPE OF BUSINESS ENTITY:**

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

**6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:**

TRANSITIONAL LIVING HOME FOR PREGNANT WOMEN AND WOMEN WITH CHILDREN IN RECOVERY

4. FEDERAL TAX ID #: \_\_\_\_\_

5. STATE TAX ID #: \_\_\_\_\_

**7. AMOUNT OF STATE FUNDS REQUESTED:**

FY 2017: \$ 325,000

**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:

\_\_\_\_\_

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

AUTHORIZED SIGNATURE

NAME & TITLE

1/19/16  
DATE SIGNED



**RECEIVED**

1/20/16

*10/80*

## **Application for Grants and Subsidies**

*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. 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 services. 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 abuse treatment, education and prevention services for individuals and their families who suffer as a result of alcoholism and drug addiction. BISAC 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 our 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 islands 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 series in Hilo; three (3) Therapeutic Living Programs (Hilo), two (2) clean and sober living programs (Hilo); and Employee Assistance Programs (Kokua EAP) on the island of Hawai'i. Programs and services are also offered at the Kea'au Hawaii Island Health and Wellness Center. 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 during the current lava flows 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 \$325,000 to build a transitional home for pregnant women and women with children who are in treatment. BISAC currently owns property in Hilo that is used for housing patients in the clean and sober program. This plantation era home has been ravaged by termites and requires constant repairs and upkeep. The home has serious damages that now require renovations to keep the home in code. BISAC has contracted several contractors to perform renovations and all have declined to perform the renovations citing that it would be less expensive and more efficient to raze the home and build a new home that would be up to code.

Goals and objectives would include:

- Provide safe housing for pregnant women and women with children while undergoing intensive treatment for addictions.
- Provide housing that meets building codes and standards.

3. State 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.

Many of the conditions in Hawai'i create unique challenges to mental 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
- 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.

The definition of drug addiction refers to the obsessive and repeated use of dangerous amounts of drugs and the appearance of withdrawal symptoms when not using drugs. The effects of drug addiction seen, due to this compulsion, are wide-ranging and profound. Effects of drug addiction are felt by the addict both physically and psychologically. The effects are also seen in those around the addict, like family members.

The effects of drug addiction also include the cost to the justice and health care systems. According to National Drug Intelligence Center's National Drug Treat Assessment, 2011 (Product No. 2011-Q0317-001), it was estimated the effects of drug addiction cost the U.S. \$193 billion in 2007. This number represents health care expenses, lost wages, prevention program costs and criminal justice system costs, among others.

### **Psychological Effects of Drug Addiction**

The psychological effects of drug addiction come from the reason the user is addicted to drugs, as well as the changes that take place in the brain once a person becomes a drug addict. Initially, many people start using drugs to cope with stress or pain. An effect of drug addiction is creation of a cycle where anytime the user encounters stress or pain, they feel the need to use the drug. This is one of the psychological effects of drug addiction involved in "craving" of the drug. Craving is an effect of drug addiction whereby the addict is obsessed with obtaining and using the drug, to the exclusion of all else. One of the psychological effects of addiction involved in craving is the belief the addict cannot function or handle life without use of the drug.

Other psychological effects of drug addiction include:<sup>3</sup>

- Wild mood swings, depression, anxiety, paranoia, violence
- Decrease in pleasure in everyday life
- Complication of mental illness
- Hallucinations
- Confusion
- Psychological tolerance to the drug's effects creating a desire to do ever-increasing amounts of the drug
- Desire to engage in risky behavior

### **Physical Effects of Drug Addiction**

Physical effects of drug addiction vary by drug but are typically seen in all systems of the body. Some of the primary physical effects of drug addiction take place in the brain. Drug addiction changes the way the brain functions and

impacts how the body perceives pleasure. These effects of drug addiction are because the drug repeatedly floods the brain with the chemicals dopamine and serotonin during drug use. The brain adapts and comes to expect, and depend on, these drug-induced highs.

Physical effects of drug addiction are also seen in babies of drug abusers as well as in mortality statistics. One effect of drug addiction is: children born to drug-using mothers can be cognitively affected throughout life. Other physical effects of drug addiction include:

- Contraction of HIV, hepatitis and other illnesses
- Heart rate irregularities, heart attack
- Respiratory problems such as lung cancer, emphysema and breathing problems
- Abdominal pain, vomiting, constipation, diarrhea
- Kidney and liver damage
- Seizures, stroke, brain damage
- Changes in appetite, body temperature and sleeping patterns

BISAC utilizes a holistic approach to treating addiction. Not only is the physical and mental effects of the addiction addressed, but the patient will also receive care and treatment for the unification of a broken family, self-care, safe and healthy parenting, and developing life-skills for re-entry into the community.

In this particular program, women who are pregnant and women with children enter into the Therapeutic Living Program (TLP) program for generally a 3-month period where they are placed in a safe and drug free environment. During their stay, they are required to attend classes, undergo intensive psychotherapy, receive the appropriate medical care for both themselves and their children. During the first month of their stay, the focus is on the client and having them removed from the environmental stressors that contribute to their addiction and are generally isolated from those factors (family and friends). As they progress in their treatment, family and friends are slowly reintroduced into the patient's life. Patients receive 24-hour on-site care while in the TLP program. Once completed, the patient is offered other options for care depending upon their readiness and progress in the program.

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.

In this particular program, the population to be served will be pregnant women and women with children under the age of 13 who are battling addiction throughout the Island of Hawai'i.

Based on capacity, the 6-bedroom home would provide TLP for a minimum of 24 women on an annual basis. Currently, the capacity BISAC maintains with their current housing is a minimum of 20 women. In the last fiscal year, BISAC was able to serve 26 women and children in the TLP program.

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.

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

In almost 50 years of providing services, 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, Outpatient Treatment, Therapeutic Living Programs, Clean Sober Housing and Mental Health Services for all of Hawaii County. With its recent expansion to the island of O'ahu and Maui, BISAC continues to follow their mission on improving the lives of individuals, their families and as a result their communities. 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 individuals and the devastating consequences impinged on the community. The Big Island Substance Abuse Council ensures placement is based on the ASAM criteria for individuals at a level of care appropriate to their assessed needs, and when higher levels of care such as residential or inpatient services are warranted, BISAC maintains affiliation agreements with outer island providers to facilitate this process and coordinate services.

BISAC is seeking funding under the Legislative Grant in Aid to support a continuum of care for adolescent and adult pregnant women, and parenting women and their children which includes Therapeutic Living Program services located in Hilo which will serve East and West Hawaii, and services to this eligible population for Intensive Outpatient and Outpatient Services in our three (3) main outpatient offices (Hilo, Waimea, Kona) and for Recovery Support

Services [Clean and Sober House(s)] operated by BISAC by providing funds to raze a current home on BISAC property that is beyond renovation and build a 6 bedroom, 4.5 bath home in its place. The continuum also includes Motivational Enhancement services for the purpose of establishing a commitment to behavior change via counseling. Priority for treatment shall be given to women of child bearing age, pregnant women, parents with young children in the home, Native Hawaiians and IV drug users.

### **Experience and Capability**

The Big Island Substance Abuse Council has demonstrated the necessary skills, abilities, knowledge of and experience in substance abuse treatment services by successfully delivering professionally driven substance abuse treatment services for Big Island residents since May 1964. For nearly 50 years, BISAC has been providing community based services geared toward substance abusers at all levels of care. BISAC has a demonstrated record of successfully implementing and providing a continuum of care to meet the needs of the people on the Big Island. Since, 1997, BISAC expanded services to include therapeutic living programs providing services in Kona, Hilo and Kohala. Presently, there are four TLP programs located in Hilo and Kohala. In addition to the standard treatment in 2011 a successful culinary training program for the men of the Hilo Therapeutic Living Program was developed to teach advanced culinary skills and provide on the job experiences assisting with reintegration. These totally separate, gender specific programs currently have bed capacities for eight (8) at each house thus giving BISAC a thirty-two (32) bed capacity (24 men, 8 women) in Hilo, 8 bed capacity for males in Waimea and an additional eight (8) bed capacity for men in Kona. Expansion of the therapeutic living programs has helped to reduce the waitlist for services.

In 1999, BISAC opened a therapeutic living program (TLP) for mothers and their children from birth through age 5, as well as improved our continuum of care with funding from the Department of Labor to fill the gap of self-sufficiency, employability, and stability through our Employment Core Services Program. Included within the current Pregnant and Parenting Women and Children program, is a therapeutic nursery, the Children's Milieu Program which continues to assist mothers in promoting the healthy development of their children. The sustained success of these programs demonstrates BISAC's innovation and commitment to uniquely addressing the special needs of the individual and communities throughout the County of Hawaii which support family preservation and reunification while providing a high standard of quality care to the target population. Within the last fiscal year 75% of our PPWC women were successfully reunited with their children, completed treatment, and continue to remain abstinent from substances. Former and current clients provide positive feedback about the program and reported, "The program provides me with the opportunity to gain custody of my children," "The program helps me to better my

parenting skills and keep appointments that I was unable to keep in the past,” “the program helps me to focus on my children’s needs as well as provides us with a clean and safe environment,” and “the staff is supportive to my needs and helps me to be organized.”

BISAC’s Pregnant and Parenting and Children’s Clean and Sober Housing continues to nurture a supportive environment, promotes personal growth and allows consumers to be successful following treatment and in their reintegration back into society. A current client reported, “I love the house because I always have someone to talk to and I can walk to meetings every day” and “I finally have a place that my baby and I can be safe and sober.”

In response to the growing needs in Hawaii County, rural geography, and lack of mental health providers BISAC recently developed a mental health division to deal with both co-morbidity issues as well as address solely the growing concern of behavioral health issues. Licensed providers are a positive addition to BISAC’s team to provide a continuum of care when dealing with complex issues.

To build upon our knowledge base, all BISAC employees are eligible for training funds to enhance their personal and professional growth. These training provide an opportunity for staff to integrate best practices into their approaches with clients. Supervisors through their weekly supervision with staff ensure that the knowledge and skills gained in these internal and external seminars are integrated into the day-to-day interventions employed by staff in the milieu. BISAC supervisors instruct staff in implementing evidence-based strategies (Motivational Interviewing, Cognitive Restructuring) when working with consumers. Supervisors also utilize Technical Assistance Publication Series, #21 as a template for supervision (Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice).

BISAC staff attended a variety of internal and external trainings to enhance their knowledge and skills in various program areas.

BISAC’s staff has extensive years of experience within the field and holds 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, nine master’s level providers, and twenty-nine personnel with CSAC certifications.

2. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service;

The primary anticipated outcome of this request is to have a safe residential home to serve pregnant women and women in children who are in recovery. Once the funding has been approved and released, it is expected that within the first quarter,



temporary residential housing will be obtained for current patients, contracting services, permits and all licensing will be completed to begin the destruction process. It is expected that current structure will be demolished and materials will be disposed of in a safe and lawful manner that the grounds will be prepared for building according to acceptable codes and standards and the new structure will meet all coding requirements of the County of Hawaii, State of Hawaii and contractual requirements of the program. Demolition and the building of the resident will occur in a timely manner that is acceptable to the building contractor and BISAC. It is expected that once the structure has been built and approved for use, all beds will be available to current residents in the temporary residents and any new clients coming it. It is expected that within 6 months, all beds will be in use.

3. The applicant shall describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results;

#### **MISSION STATEMENT**

The Big Island Substance Abuse Council is an innovative behavioral health services dedicated to improving lives.

In alignment with BISAC's mission statement and commitment to provide quality of care across the continuum of treatment, BISAC is involved in an ongoing performance evaluation. Being a CARF-accredited organization and with the expectation to abide by CARF standards and demonstrate compliance, BISAC is currently in its fifth Three-Year accreditation. Annual Conformance to Quality Report is submitted to CARF each year in order to retain accreditation, BISAC must at all times conform to CARF's standards, satisfy the CARF Accreditation Conditions and comply with CARF's policies and procedures as changes are published and made effective from time to time. BISAC's internal business processes ensure a continuous quality improvement plan is operating efficiently throughout the organization. BISAC plans, coordinates, and establishes mechanisms for training, data collection, research and evaluation to ensure that island-wide, and state-wide, substance abuse resources are utilized in the most effective and efficient manner possible.

The Big Island Substance Abuse Council's treatment philosophy is organized around a holistic biopsychosocial approach that recognizes the existence of biological, psychological and social factors contributing to the development of substance use and abuse. Appropriateness and eligibility of admission is initially evaluated during the assessment process using ASAM and DSM-IV criteria. The Behavioral Health Care Navigator and/or Assessment Counselor review each admission. The interdisciplinary team reviews admissions weekly in clinical staff meetings and provides a quarterly report on the findings of the admission reviews to the quality assurance committee. The reports analyze potential barriers, reasons

why clients did not enter treatment and offers viable solutions as needed to address potential gaps in service or to remove barriers. The primary function of the Big Island Substance Abuse Council'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.

Community response to the Big Island Substance Abuse Council treatment programs is ascertained through regularly scheduled meetings (community forums) with community agencies and by data collection from our annual Community Referral Source Survey. Minutes of the meetings and results of the surveys are presented monthly to the Quality Assurance Committee for review and action, as appropriate. In response to agency identified needs and strategic planning a new position, Quality Assurance Manager was created to address identified needs and improve the overall quality of service that BISAC provides. BISAC's goals and objectives are consistent with the corporate mission. 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. Outcome objectives are evaluated through the Client Data System (CDSFR) Discharge and Follow-Up Reports. The Follow-Up is conducted at 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, each departmental Behavioral Health Care Navigator, 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.

An extensive clinical record review is completed quarterly (See Attachment A, Quality Assurance Record Review Form). The report is reviewed and strengths and barriers are identified. Challenges are reported and a training plan implemented to address needs. The Records and Clinical Review sub-committee reviews and monitors a random sample of 10% of all active clinical records and a

2% random sample of closed records on a quarterly basis and spot checks are completed monthly. This review consists of checking for accurate completion of documents and the timeliness of the documentation in each record, correlations between the problems identified in the assessment summary; the problems listed in the master treatment plan, the content of the progress notes and ASAM criteria checklists. Clinical appropriateness and utilization of services is reviewed, as well. Reports are prepared which summarizes challenges and areas needing improvement Individual staff error reports are compiled quarterly and are provided to each clinical supervisor at the time the annual performance review is due.

In response to the ever changing landscape of health care BISAC has developed a position to deal directly with Quality Assurance and Safety Issues (Quality Assurance/Health and Safety Manager). This position affords BISAC with the stability to provide best practices and improve the quality of care being provided to consumer's being served. The Safety committee is directed by the Quality Assurance/Health and Safety Manager to monitor, evaluate and resolve safety issues that may endanger life, health or property. The safety committee uses a pro-active approach that seeks to incorporate safety procedures and preventive behaviors into program operations. They collect and assess safety related data, including Occurrence Reports, Fire Drill reports, and Building and Fire Inspection Reports. The safety committee problem solves and resolves the safety concerns in a timely manner and reports any requests to the Behavioral Health Care Navigator, Facilities Manager and reviews with the Safety committee for approval by the CEO. Quarterly inspections of all BISAC facilities are conducted as part of safety protocol within the Quality Assurance Committee. (See Attachment B: OIR and C: Sample-Quality Assurance Summary).

The quality assurance committee involves the Chief Executive Officer, Chief Operating Officer, Chief Clinical Officer, Quality Assurance Manager, and Privacy Officer. The CEO informs the Board of Directors with quarterly reports for content, resolution, and recommendations made by the quality assurance committee. Quality assurance reviews and suggestions are submitted to the CEO and the Board of Directors at the quarterly Board of Director's Meeting and action plans are set in motion by the CEO through the Directors. The Board of Directors through the CEO authorizes any changes resulting from the quality assurance reports and these are implemented at the direction of the CEO. An annual summarization of quality assurance activities and findings is included in the annual management report to the Board of Directors. Quality Assurance and Evaluation information and outcomes are aggregated into an Annual Management Report, which is available to all funding sources, referral sources and the public at large. (See Attachment D: FY 2014 Annual Report).

The Credentialing Committee conducts credential reviews of all newly hired staff and determines the level of clinical privileges appropriate for that staff member.

An application is submitted by the 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 E.: Credentialing Form). BISAC primarily utilizes two mechanisms to provide an avenue for the ongoing monitoring, evaluation of client care, outcomes, the effectiveness of treatment services and problems that impact client care and program objectives:

1. A Consumer Satisfaction Survey elicits client input regarding the treatment process, is completed every 30 (thirty) days after admission, and at the time of discharge. This instrument provides the client with an opportunity to give feedback to the program activities, staff and facility, the course of treatment and any recommendations or improvements. A summary report, prepared by the Directors, is presented to the Quality Assurance Committee to review and to make recommendations in writing for improvements. Responses on the satisfaction surveys are aggregated in the quarterly report, providing the Quality Assurance Committee with valuable information on what works and what doesn't from the client's perspective. The Committee decides what responsive action will be taken as a result of its review. The Consumer Satisfaction Survey is confidential information and all names on surveys are optional.
2. The Big Island Substance Abuse Council completes Client Data System (CDS) report at the time of admission, discharge, and six (6) months post treatment, regardless of the reason for discharge. At least three (3) attempts are made to contact clients using at least two (2) different methods (mail out, telephone, face-to-face, etc.). This increases the likelihood the client will be contacted and a follow-up completed.

BISAC's helpdesk has a quick link which ties directly into ClaimTrak for reports which can be generated by any staff member. The reports provide easy solutions for such items as: open beds, referrals by date, referrals by site, and provide staff with ease of access to specific training manuals applicable to various business practices within ClaimTrak. (See Attachment F: Help Desk Training Manual).

### **Outcome Objectives**

During the last biennium, Outcome Objectives were either met or surpassed. Clinical staff training and clinical supervision has provided the BISAC counseling staff with improved skills in applying therapeutic interventions with clients, therefore assisting the client in remaining in treatment. Moreover, when staff training needs were identified in satisfaction surveys or quality assurance record reviews, a training crosswalk was developed to meet needs (See Attachment G: CARF training crosswalk) and it also drives staff action training plans on an individual level (See Attachment H: E-Learning topics). The following performance/outcome measurements will be conducted during the Fiscal Year 2016-2017. These objectives have been derived from the CDS form (or CDS

Discharge Report) and may change throughout the contract period if forms are revised by contractors.

1. 75% of the mothers will successfully complete the treatment program.
2. 80% of mothers who completed treatment will have improved grades or school attendance if actively enrolled in school.
3. 90% of mothers at the time of the six (6) month follow-up will demonstrate that they have continued to live in a stable living environment (e.g. independent living, renting, clean and sober home, or other stable living arrangement).
4. 90% of mothers at the time of the six (6) month follow-up will staff have resident child in their custody at the time of follow-up.
5. 75% of consumers will report diminished psychological distress that affected their recovery during the 30 days prior to follow-up (6 months post treatment).
6. 60% of clients who complete treatment will not be actively receiving additional substance abuse treatment services in the 30 days prior to follow-up
7. 60% of clients who complete treatment will not have received any additional substance abuse treatment services from the time of discharge through the five (5) month period post-treatment.
8. 60% of consumers will report no incidents of relapse (alcohol or drugs) causing them to miss school or work in the thirty (30) days immediately prior to follow-up.
9. 80% of consumers will report no new arrests or other criminal involvement since discharge.
10. 90% of consumers completing treatment with six (6) month follow-up will report a lower incidence for emergency room treatment due to any drug/alcohol related medical condition including relapse.
11. 75% of consumers will report no use or a decreased frequency of use after completing treatment during the thirty (30) days prior to follow-up.
12. 45% of consumers' will show a decrease in their usual route of administration for their primary drug of choice at the time of follow-up [six (6) months post-treatment].
13. 70% of consumers will be engaged in full- or part-time employment or enrolled in school or trade school program at the time of follow-up.
14. 80% of children with developmental needs will have demonstrated improvement, as measured by the children being able to accomplish 79% of developmental skills for their age.
15. 95% of children completing the program will have their first series of immunizations prior to discharge from the program and their second series of immunizations, if age appropriate.
16. 95% of children have an assigned primary care physician at the time of discharge.
17. 80% of mothers have had preventive health care tended to by discharge.
18. 95% of mothers will have demonstrated adequate parenting and bonding at discharge.

19. 95% of mothers will have demonstrated improved life skills at discharge.
20. 90% of clients will have no new involvement with CWS at the time of follow-up (6 months post-treatment).

Due to BISAC's comprehensive quality assurance procedures and the many years' experience in identifying and achieving outcomes, all of the above objectives threshold percentages demonstrate BISAC's ability to track and analyze these outcomes to create informed decisions regarding service enhancements, advocating for gaps in service areas, and to better address the needs of our consumers. BISAC has documented actual percentages related to these objectives for many years and the current projected percentages reflect BISAC's anticipated results in the future. Each objective has also been studied by the BISAC Management Team to determine appropriateness for the target population that is served at each of our locations and service levels. Considerations for lack of economic resources, supportive services, and special needs for rural settings were taken into account to assure realistic projections. BISAC assures that clinical staff will be allocated sufficient time and resources to complete the CDS Follow-up reports for each client who has been discharged from BISAC regardless of the reason for discharge. Staff will be provided supervision on techniques for obtaining the information and on accurateness in order to achieve a high percentage of successfully completed follow-up reports. Also, our Quality Assurance Manager reviews customer and referral satisfaction surveys to ensure that we are meeting the needs of persons served and referral sources.

4. The applicant shall 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 qualitative data that reports the progress of the demolition of the current residential building and subsequent construction of the new residential building. In addition, during this process, the effectiveness of the grant funds will be reported to the STATE agency in the form of quantitative data that tracks the quarterly statistics related to the objectives shows in Section 3.

### **III. Financial**

#### **Budget**

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.

Please see GIA page 7 – Budget Justification – for a detailed cost of this request.  
*(See Attached Budgets)*

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2015-2016.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
<b><i>\$1,067,228.00</i></b>	<b><i>\$1,067,228.00</i></b>	<b><i>\$1,067,228.00</i></b>	<b><i>\$1,067,228.00</i></b>	<b><i>\$4,268,912.00</i></b>

3. The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2015-2016.
4. The applicant shall provide a listing of all state and federal tax credits that have 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.
5. *(BISAC does not receive any federal or state tax credits because our IRS exempt status)*

#### **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.

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. The funding sources are listed below, along with appropriate contacts, who can verify the awarding of the contract to BISAC and evidence of satisfactory delivery of our services:

**The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2017.**

For the FY 2017, BISAC have already submitted or will submit for the following funding:

ADAD -- Community Coalitions' Kau district (submitted Jan. 2016) two years \$125,000 each year.

County of Hawai'i – East Hawai'i Substance Abuse Program (submitted Jan. 2016) – \$70,000

County of Hawai'i –Hawai'i Health and Wellness Center Hilo (submitted Jan. 2016) - \$40,000

County of Hawai'i –Hawai'i Health and Wellness Center Kea'au (submitted Jan. 2016) – \$40,000

County of Hawai'i – West Hawai'i Substance Abuse Program (submitted Jan. 2016) – \$40,000

State of Hawaii, Legislature Grant in Aid (submitted 2016) - \$325,000.

**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.

**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.

### **State of Hawaii, Legislature Grant in Aid**

House Committee on Finance staff at 586-6200 or Senate Committee on Ways and Means staff 586-6800

### **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

**Applicant - Big Island Substance Abuse Council**

Application for Grants

Contract \$1,150,894.00

*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 – 06/30/2016

3 Year Contract \$4,677,000.00

- ASO 14-053 Adult Substance Abuse Treatment 07/01/2013 – 06/30/2016

3 Year Contract \$1,555,965.00

- ASO 14-110 Therapeutic Living Program 01/01/2014 – 06/30/2016

3 Year Contract \$460,000.00

- ASO 14-083 PPWC Adult/Child Substance Abuse Treatment 07/01/2013 – 06/30/2016

3 Year Contract \$805,269.00

*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; Kealahou, 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 6/30/2015 \$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

Applicant \_\_Big Island Substance Abuse Council

12 Applications for Grants

*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, 2Year 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
- J15068, Adult/Adolescent TLP/ Treatment 7/1/2015 – 06/30/2017, 2 Year Contract \$380,000.00

*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.*

### **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*

### **COUNTY OF HAWAII**

DEPARTMENT OF FINANCE

25 Aupuni Street Suite 2103, Hilo, HI 96720

Ted Schrey, Budget Specialist, at 961-8489

Adult TLP/Treatment 7/1/15 to 6/30/2016 1 year contract \$50,000.00

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

### **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

Applicant \_\_Big Island Substance Abuse Council  
13 Applications for Grants

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 – 12/31/2016  
3 Year Contract \$101,750.00
- Contract #62756 TLP 01/01/2014 – 12/31/2016

3 Year Contract \$60,000.00

*Program Performance Results: Ability to provide housing during treatment. Successfully provided housing for reintegration of individuals following treatment.*

### **Dept. of Public Safety**

919 Ala Moana Boulevard, 4<sup>th</sup> Floor

Honolulu, HI 96814

Marc Yamamoto, (808)-587-1215

Contract#2015-2371 Treatment 01/01/2016 to 12/31/2017

2 Year Contract \$40,000.00

*Program Performance Results: Ability to provide 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, Hawai'i 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.*

Applicant \_\_Big Island Substance Abuse Council

14 Applications for Grants

### **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.*

**The applicant shall provide the balance of its unrestricted current assets as of December 31, 2015.**

\$ 1,151,759.72

**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 - \$97,000
2. IT Systems Administrator – \$81,375
3. Chief Clinical Officer – \$70,000

**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. Also describe how the facilities meet ADA requirements, as applicable.

All of BISAC’s adult Outpatient facilities and Therapeutic Living Programs are handicap accessible and either meet or have plans to meet ADA requirements and local/state building codes designated by fire and county agencies. Properties are zoned appropriately to meet the needs of Therapeutic Living Program (Community Housing), Intensive Outpatient Treatment and Outpatient Treatment services. Each Therapeutic Living Program has bed space for eight (8) residents and a separate living area for staff. The TLP and Clean and Sober Housing facilities provide a “home-like” setting. Each has a living room, dining room, a kitchen with a range & refrigerator, bathrooms, laundry room, staff office, and yard utilized for visiting and recreational purposes. The house has significant room to provide services to six pregnant women and their children.

The outpatient facility in East Hawaii facility is located on a property that has three (3) group rooms, an outside lunch/break area, nine (9) individual counselor offices, and one (1) reception office, one (1) program support office area. There is a storage room, locked file room, reception area, separate male and female restrooms, and a business center. The smaller building next door includes one (1) Adolescent Community Based individual counselor office, one (1) group room, and one (1) unisex restroom. The Hawaii Island Health and Wellness Center, located in the same building, consists of a reception area, two (2) individual counselor offices, one (1) reception office, and one (1) unisex restroom. The

administrative and fiscal offices of BISAC are located one mile away from the treatment facility and provide ample parking, which includes handicap parking. Parking for outpatient services is available for consumers and staff at all outpatient sites—Hilo, Waimea, Kona and Makaha. Therapeutic living programs have vans which provide all consumer transportation needs. In some instances, family members assist with transportation services as needed.

The West Hawaii Adult 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. The facility has a reception area, eight (8) individual counselor offices, one (1) reception office, a business center, two (2) group rooms, one (1) program support office area, and one (1) outside lunch/break area. There is a secured storage area located on the second floor and one (1) a secured unisex restroom located outside at the end of the building, with external accessibility.

North Hawaii's Kamuela Outpatient facility is located in a quaint facility in the middle of town. The office has a culturally appropriate setting for the unique needs of the North Hawaii communities. The facility has three (3) individual counselor offices, a reception area, one (1) group room, a kitchenette area, and a staff restroom. Male & female restrooms are accessed from the front lanai. The office is located in the hub of the human services area of Kamuela. The close proximity enhances BISAC's ability to network with agencies such as Mental Health Services, Child Protection Services and Probation (which are in buildings adjacent to the facility)

The new facility provided by this funding will be a residential type of setting with 6 bedrooms, 4.5 baths, kitchen, living area, office area, laundry facilities plus outdoor area for play. The new facility will be designed for ADA compliance and will meet the standards and criteria for the county, state, contracts and accreditation.

## **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 Big Island Substance Abuse Council proposed Staff-to-Consumer ratio for the Therapeutic Living Program is one (1) staff member to eight (8) consumers, 1:8. Parents with children count as supervising authorities over their children for

self-preservation during an emergency; that is, an infant and/or child cannot evacuate a building, alert or assist others during an actual emergency. Supervising the TLP services requires the clinical oversight of someone both familiar with the chemical dependency and mental health issues critical to stabilization and maintaining ongoing recovery. The TLP services are overseen by Peer Specialist (See Attachment I: Peer Specialist Job Description) who is supervised by a Behavioral Health Care Navigator (See Attachment J: Behavioral Health Care Navigator Job Description) who works closely with clients and staff in each home. The Peer Specialist works closely with the Behavioral Health Care Navigator of each region to strengthen the quality and standardization of procedures within each TLP. BISAC has been providing services to specialized populations that require longer lengths of stay through the oversight of seasoned clinicians with clinical experience. Our populations consist of females and their children. Continuance of services in the TLP aids pregnant women and their children in meeting basic needs and providing them with supportive services which are complimentary to their treatment services. Peer specialist assist in leading activities which can include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, supported employment, client support and advocacy, monitoring and follow-up. The Pregnant and Parenting Women and Children (PPWC) home will be staffed with three (3) Peer Specialist FTEs who provide 56-hour shift coverage to the house. At any given time, there is one (1) Peer Specialist on duty for up to eight (8) pregnant or parenting women admitted into the TLP home. The Peer Specialist is required to hold a CPR and First Aid Certification so that there is one person on duty at all times who can provide CPR and/or First Aid in a medical emergency. All Peer Specialist, including staff that are expected to cover a shift in the TLPs if an emergency arises, have medical, criminal and background clearances prior to working in the TLP setting. All BISAC employees are required to participate in an Agency Orientation with the Company and receive a specific departmental orientation as well. Each employee is provided with a BISAC Employee Handbook (See Attachment K: BISAC Employee Handbook) which covers many areas regarding BISAC's mission, values, goals, what BISAC will try to do for the employee, what BISAC expects from the employee, and provides a comprehensive review of employment policies, hours and wages, benefits, time off, well-being issues and employee responsibilities.

BISAC's intensive outpatient and outpatient services are overseen and/or provided by a Behavioral Health Care Navigator. Treatment services (Intensive Outpatient and Outpatient Services) at a minimum are delivered by staff experienced in the field of substance abuse and preferably who hold certification as a Hawaii State Certified Substance Abuse Counselor. BISAC's current Navigators who oversee and supervise staff are each certified in the State of Hawaii as a Substance Abuse Counselor. Additionally, all medications, prescribed or over-the counter, are cleared by BISAC's RN and Medical Director (See Attachment L: RN and Medical Director Job Description). The RN addresses all health issues and assists

staff in determining when a consumer needs emergency services in order to ensure appropriate use of emergency hospital services. The RN also provides medical examinations in coordination with the medical director to screen TLP clients for infectious diseases. In order to better accommodate the issues being presented in group settings, BISAC believes appropriately assigning staff to work with our consumers. Every attempt is made, depending on level of care and each counselor's active caseload size, to group TLP house members together with the same outpatient counselor in order to better address issues which may arise during outpatient group services in order to provide the consumers with a venue in which to present issues that are more similar given their circumstances and level of care. However, most issues are manageable by Peer Specialist or by the Peer Specialist Supervisor who hold House Meetings with TLP consumers each day (See Attachment M: TLP Schedule of Daily Activities). Outpatient counselors provide nine (9) hours per week or more if clinically justified of Intensive Outpatient Services and schedule one (1) hour of individual counseling each week at the IOP level of care.

BISAC's outpatient offices (Kona, Waimea and Hilo) are also able to provide Intensive Outpatient and Outpatient services to other pregnant or parenting women waiting to enter the Pregnant Women and Women with Dependent Children TLP as well as provide step-down services from the Pregnant Women and Women with Dependent Children TLP. All outpatient counselors providing services under this proposal provide screening, assessment, treatment planning, individual counseling, family counseling/education, motivational enhancement and continuing care services. The caseload for outpatient counselors is fifteen (15) consumers to one (1) counselor for IOP services. The acuity level changes when a counselor has only outpatient clients on her/her caseload given the low frequency and scheduled group hours in a given week. Caseloads may be as high as thirty-three consumers as groups are split into manageable numbers (16 and 17 respectively) to report on different days and/or times during a week for group sessions. The individual sessions are manageable since approximately eight (8) are needed each week in order to have an individual session at least monthly with consumers. This schedule gives a counselor approximately 14-15 hours a week of direct services which is easily manageable. The counselor is free to do additional direct services (up to 10 hours) such as case management or assessments in order to provide approximately twenty-five (25) hours of direct services in a week. Counseling levels reflect the duties and responsibilities of an entry level counselor (Counselor I) all the way up through a Counselor V classification (See Attachment N: Counselor Job Descriptions).

### **Staff Qualifications**

BISAC is committed to hiring and retaining highly qualified staff for all of the treatment services provided at every site island-wide. BISAC personnel meet or exceed minimum qualifications, including necessary experience for personnel



assigned to specific programs. Personnel develop professional and personal training plans with their supervisors (See Attachment O: Staff Training Plan). Also, BISAC currently provides E-training services to meet training needs of staff, comply with CARF standards and other funding source requirements. (See Attachment G: CARF crosswalk and H: E-training list).

BISAC maintains a policy that all staff and volunteers are required to possess current C.P.R. and First Aid Certifications as well as an annual physical examination and an annual T.B. clearance certificate. All staff and volunteers are required to present a driver's abstract and criminal abstract from the State of Hawaii prior to hiring, to be placed into their personnel file. 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 will reflect the ethnic, cultural, and social/economic diversity that is demonstrated within the population of consumers BISAC serves. BISAC staff all has a clear understanding of their responsibilities and are guided through very comprehensible lines of supervision and accountability (See Attachment P: Staffing Position Chart). BISAC's qualifications for positions within the agency all demonstrate that staff must have excellent knowledge, skills, and experience necessary to achieve the high standards of service that BISAC provides (See Attachment Q: Program Staff Job Descriptions previously not referenced-includes administrative and clinical staff). (See also Attachment R: Staff Resumes.)

Therapeutic Living Program staff will have the ability to provide intensive case-management services and will have the ability to identify and understand substance abuse related problems and behaviors. Case-management services will be geared towards the development of recovery related goals and objectives. Therapeutic support will be provided within the clean and sober living environment through a structured schedule that is implemented by the peer specialists. Therapeutic Living Program staff will also have the ability in assisting the consumers through transitional and discharge planning services that include maintaining positive affiliations with continued education, volunteer, and employment resources.

### **Project Organization**

#### **1. Supervision and Training**

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 Hawaii.

The East and West Hawaii Behavioral Health Care Navigators each provide clinical supervision and direction in conjunction with contracted employees: Dr. Dennis Lee, Medical Director; Judith Correa, Registered Nurse. Advanced degree personnel and Hawaii State Certified Substance Abuse Counselors (CSAC's) provide clinical direction for counselors, paraprofessionals, and volunteers/interns who are not certified but provide direct services under the supervision of personnel who are certified or who hold advanced degrees in behavioral health. The agency's Chief Operating Officer (Arnold Kanai) graduated with his Bachelor's degree in Business Administration and has 18 years of financial experience. Mr. Kanai is in charge of all operations with the direct responsibility to oversee the fiscal and budgeting matters and reports directly to the Chief Executive Officer. His responsibilities include supervision of the fiscal staff, facility manager and human resource Director and coordination of financial audits with our independent auditing firm. Fiscal staff attends training programs related to their specific duties and responsibilities.

The Big Island Substance Abuse Council 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 Hawaii. BISAC provides access to Etraining programs developed to meet the training needs of staff (See Attachment G, CARF crosswalk and Attachment H: E-learning).

Upon hire and at the time of their annual employee evaluation, each staff member completes a Staff Training Plan (See Attachment S, 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. 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 Director of Human Service. In addition to off island training opportunities, credentialed professionals are invited to BISAC, each month, to participate in specialized training topics. The in-service training topics include, but are not limited to smoking cessation, federal confidentiality regulations, HIV education and prevention, safety, cultural competency, and gender specific issues. In addition, all attendees complete a Staff Training Form (See

Attachment T: 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 and goals and the objectives set as well as developing an individual learning plan to improve the Primary Counselors 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. 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 by the CSAC, supervisor designee and/or by the Behavioral Health Care Navigator Services is provided in a variety of settings, including Clinical Team Case Review and/or individualized supervision. This is demonstrated through having a supervisor model a "core function" to demonstrate how to obtain an assessment, work with the counselor to complete a treatment plan, or observing 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 organizational chart that illustrates the placement of this request.

Please see Attachment U: BISAC Organizational Chart and V: Project Organizational Chart.

## **VI. Other**

**A. Litigation**

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

None.

**B. Licensure or Accreditation**

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

Please See Attachment W: CARF Accreditation

Appendix X:  
Budget Request

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

Applicant: 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				
E. CAPITAL				
<b>TOTAL (A+B+C+D+E)</b>				
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	325,000	Del De Los Santos, CFO <span style="float: right;">808-969-9994</span>		
(b) Total Federal Funds Requested		Name (Please type or print) <span style="float: right;">Phone</span>		
(c) Total County Funds Requested		1/19/16		
(d) Total Private/Other Funds Requested	22,000	Signature of Authorized Official <span style="float: right;">Date</span>		
<b>TOTAL BUDGET</b>	<b>347,000</b>	Dr. Hannah Preston-Pita, CEO Name and Title (Please type or print)		

**BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES**  
 Period: July 1, 2016 to June 30, 2017

Applicant: 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)
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
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				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				\$ -
<b>JUSTIFICATION/COMMENTS:</b>				

# BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2016 to June 30, 2017

Applicant: Big Island Substance Abuse Council

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
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				



# BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2016 to June 30, 2017

Applicant: Big Island Substance Abuse Council

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: 2014-2015	FY: 2015-2016			FY: 2016-2017	FY: 2017-2018
PLANS			5,000			
LAND ACQUISITION				Clear owned title		
DESIGN			1,500			
CONSTRUCTION			318,500	22,000		
EQUIPMENT						
<b>TOTAL:</b>			<b>325,000</b>	<b>22,000</b>		
<b>JUSTIFICATION/COMMENTS:</b> Facility will be used for Pregnant Parenting women and children home Property is owned by Big Island Substance Abuse Council						

## GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: Big Island Substance Abuse Council

Contracts Total:

9,789,476

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Adolescent and School Based Treatment	7/1/2013 to 6/30/2017	Alcohol and Drug Abuse Division	State	6,236,000
2	Adult Substance Abuse Treatment	7/1/2013 to 6/30/2016	Alcohol and Drug Abuse Division	State	1,555,965
3	Adult Therapeutic Living Program	7/1/2013 to 6/30/2016	Alcohol and Drug Abuse Division	State	460,000
4	PPWC Adult/Child Substance Abuse Treatment & TLP	7/1/2013 to 6/30/2016	Alcohol and Drug Abuse Division	State	805,269
5	Adult Treatment, IOP, OP, AC and TLP	7/1/2015 to 6/30/2017	Judiciary, Big Island Drug Court	State	372,000
6	Adult Treatment, Treatment - Contract	1/1/2014 to 12/31/2016	Hawai'i Paroling Authority	State	49,591
7	Adult Treatment, TLP - Contract	1/1/2016 to 12/31/2016	Hawai'i Paroling Authority	State	33,606
8	Adult Treatment, IOP, OP, AC	1/1/2016 to 12/31/2017	Dept of Public Safty	State	40,000
9	Adult Substance Abuse & Mental Health Treatment	7/1/2015 to 6/30/2016	County of Hawaii	County	50,000
10	<b>Grant in Aid</b>	7/1/2015 to 6/30/2016	State of Hawaii, Legislature	State	187,045
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					<b>9,789,476</b>