

House District _____

Senate District _____

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:
SAMARITAN COUNSELING CENTER HAWAII

Dbn:

Street Address: 1020 S. Beretania Street

Mailing Address:
1020 S. Beretania St. Honolulu, HI 96814

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name DANA WASHOFSKY

Title Administrator

Phone # 808-545-2740

Fax # 808-545-2852

E-mail info@samaritanhawaii.org

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

The Center's goal is to provide services to Seniors in our community with compassionate and professional mental health services on O'ahu.

The goal for clients who participate in the Senior Transition Initiative counseling is to provide tangible outcomes for planning to age-in-place. Therapy that incorporate, family members and other support systems, using the best scientific approaches to behavioral health, coupled with the integration of a person's religious and spiritual beliefs can lead to hope for a positive future. Counseling can empower individuals to improve their quality of life, address depression and despair, avoid the need for crisis intervention and increase emotional stability for themselves and their families.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2017: \$ 139,450

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:

ANDREW BATES, PRESIDENT-BOARD OF DIRECTORS
NAME & TITLE

1/22/2016
DATE SIGNED



RECEIVED
1/21/16 *up*

Application for Grants and Subsidies

I. Background and Summary

1. Background

The Samaritan Counseling Center Hawaii has been providing comprehensive, quality mental health services to the Oahu community for over 25 years. The cornerstone of the Center's program is that the staff can provide counseling that is sensitive to one's spiritual identity. The Samaritan Counseling Center Hawaii has been serving seniors in the community for over twenty-five years. Historically over 60% of the clients of the Samaritan Counseling Center are over 55 years old.

2. Goals and Objectives

The Grant is estimated to serve 245 lower income seniors over 60 years old who reside on Oahu. Counseling to provide a clear understanding of what they need to do to successfully stay in their home, and what they can realistically expect from their families, outside agencies/support network, and church community. The goal is to provide compassionate counseling that is centered on the senior's individual housing situation prior to a "crisis" occurring when decisions are made on their behalf. This program is designed to support the City and County of Honolulu Agency on Aging. Their number one goal is housing for seniors. There is an increasing lack of suitable housing options as the percentage of the population over 60 years old increases. The report estimates over 33% of the population over 60 years old lives alone, additionally it is estimated that there are over 20,000 single seniors living alone on Oahu. The Elderly Affairs report provides all the details needed to substantiate this section of the application.

3. Purpose and Need

There is a critical housing shortage on Oahu, particularly for the senior population. There is also a reluctance to address the issue of moving a senior by family members and/or Clergy. This program is specifically designed to address these two fundamental and difficult issues that face our Oahu and our families that desire to care for their older family members in a non-threatening and compassionate manner. The Elderly Affairs Division of the Department of Community Services published The Four-Year Area Plan on Aging in October 1, 2011. This extensive Plan documents the elderly demographics, agencies that serve the elderly and needs in Hawaii. As a result of this extensive study five goals were established by the agency. Goal number two is "Enable older adults to remain in their homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers".

4. Target Population

Seniors over 60 years old who currently live independently on Oahu.

5. Geography

Oahu to start. Based on successful outcomes coverage for the Neighbor Islands would be added to the services.

II. Service Summary Outcome

1. Scope of work, tasks and responsibilities

The Samaritan Counseling Center proposes a Senior Transition Initiative Program. The program will be a referral based 6-8 session preventative treatment program for individuals that can include families, caregivers, caseworkers, and clergy. The treatment program will explore the many issues surrounding the realities of transitioning into the senior landscape on Oahu. The fundamental question to be answered will be “what will it take to keep the senior in their home?” The therapy sessions will provide a safe and secure environment to discuss the difficult issues of housing, transportation, healthcare, communication, and expenses.

Referrals for this program will come from marketing this subsidized six-session program to Social Service agencies that provide triage and case management services for seniors. Those groups currently include Home Health agencies, Hospice organizations, Gerontologists, Hospital case management staff, and clergy.

When a referral is made, or the senior in question requests the services, the Center will assign the program's dedicated provider. The sessions are designed to be adaptable to the senior's situation. The Center will coordinate with the senior's support network to schedule times and locations for the sessions, such as the senior's home, a church, or at one of the Center's five locations on Oahu. This provides the senior with the option of not traveling for the sessions. Referring agencies can utilize the program at no cost to them or the client.

The content of the sessions is to help define the transition possibilities for seniors and their families. Once the six-session program is completed and should the senior/family desire additional mental health services appropriate health insurance resources will be employed.

2. Annual Timeline for accomplishing the Results/Outcomes

The first month of the program will be the development of the materials and outreach to the community to describe the program. The next eleven months will be dedicated to providing the sessions and continuing to market the service. The goal is to reach 245 seniors in one year using the funds from both the State and City & County of Honolulu.

3. Quality assurance and evaluation

In order to monitor, evaluate, and improve the results program will include an intake and exit evaluation process which will be employed to measure the baseline needs and expectations of the senior and the support network. Clinical reports are covered by HIPPA rules and regulations, but outcome results will be part of the final evaluation

process. There are three tiers of evaluation; the referring agency or religious institution, the senior getting the service, and the support network that participates in the sessions. All the results will be tabulated quarterly for program and clinical review at the Center. The staff Clinical Director will provide oversight to the therapist as is customary in all activities at the Center.

4. Measure(s) of effectiveness

The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment.

1. Number of referrals over the course of a year broken down by Quarters.
2. Number of sessions provided to each senior and the agreed upon outcome.
3. Intake forms from the referring agency, the senior and the proposed support network participants.
4. Exit interview with senior
5. Completion form for the referring agency, senior, and network members.

III. Financial

Budget

1. Budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
Attached
2. Anticipated quarterly funding requests for the fiscal year 2017-2018.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$39,450	\$33,133	\$33,133	\$33,133	\$139,450

3. Other sources of funding pending for fiscal year 2017-2018:
 - City and County of Honolulu - GIA Funding for Senior Support \$123,650
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.
Not Applicable

IV. Experience and Capability

A. Necessary Skills and Experience

For over 25 years, the Samaritan Counseling Center (SCCH) has served the community as a unique resource for professional, compassionate, and affordable counseling. Currently the SCCH leadership includes an Executive/Clinical Director and administrator who oversee all aspects of the Centers operations. Additionally, there are 10 licensed PhD, LMFT and LCSW as well as CSAC and SAP certified therapists on our staff. All are able to provide general counseling including individual issues such as depression, anxiety, grief, as well as family counseling.

B. Facilities

SCCH maintains five community-based locations across O'ahu. Through these partnerships, we are able to minimize overhead operating costs and can afford families and individuals to have access to services in comfortable, familiar environment for counseling near their homes, schools and workplaces. Our main office location is located at First United Methodist Church near downtown Honolulu, with additional offices at the Honpa Hongwanji Mission of Hawaii (Nu'uauu), Waiokoala Congregational Church (Kahala), Windward United Church of Christ (Kailua) and Our Lady of Sorrows Church (Wahiawa).

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

Through this funding request, Samaritan Counseling Center Hawaii will seek to hire a dedicated, full-time licensed provider (PhD, LMFT or LCSW) to help seniors address their emotional transitional challenges for aging in place. *Providing individual/ family therapy services. Participate as a clinical therapist, perform necessary clinical administration, and provide outreach to referral sources and participates* Additionally, dedicated support staff will be retained to provide the following services: *Office administrative experience, computer experience with Microsoft Office, Word, Excel, and QuickBooks; ability to type and proofread accurately, gracious and professional manner in relating to people, well organized, able to communicate well verbally and in writing.*

Supervision and training will be provided by the existing Executive Director/Clinical Director and Administrator. Support from other therapists will be available through ongoing staff trainings, clinical case reviews and quality assurance evaluations built into the program.

B. Organization Chart

Attached

C. Compensation

Clinical Director Part Time: \$24,000/yr

Administrator Part Time: \$35,000/yr.

Prospective Program Provider Full Time: \$65,000/yr

VI. Other

Litigation

Not Applicable

Licensure or Accreditation

SCCH is O'ahu's only counseling center accredited by both The Samaritan Institute, a national inter-faith counseling organization headquartered in Denver, Colorado, and the American Association of Pastoral Counselors. The Center's quality of service, organizational practices, and fiscal management are measured by rigorous assessment standards.

Private Educational Institutions

Not applicable

Future Sustainability Plan

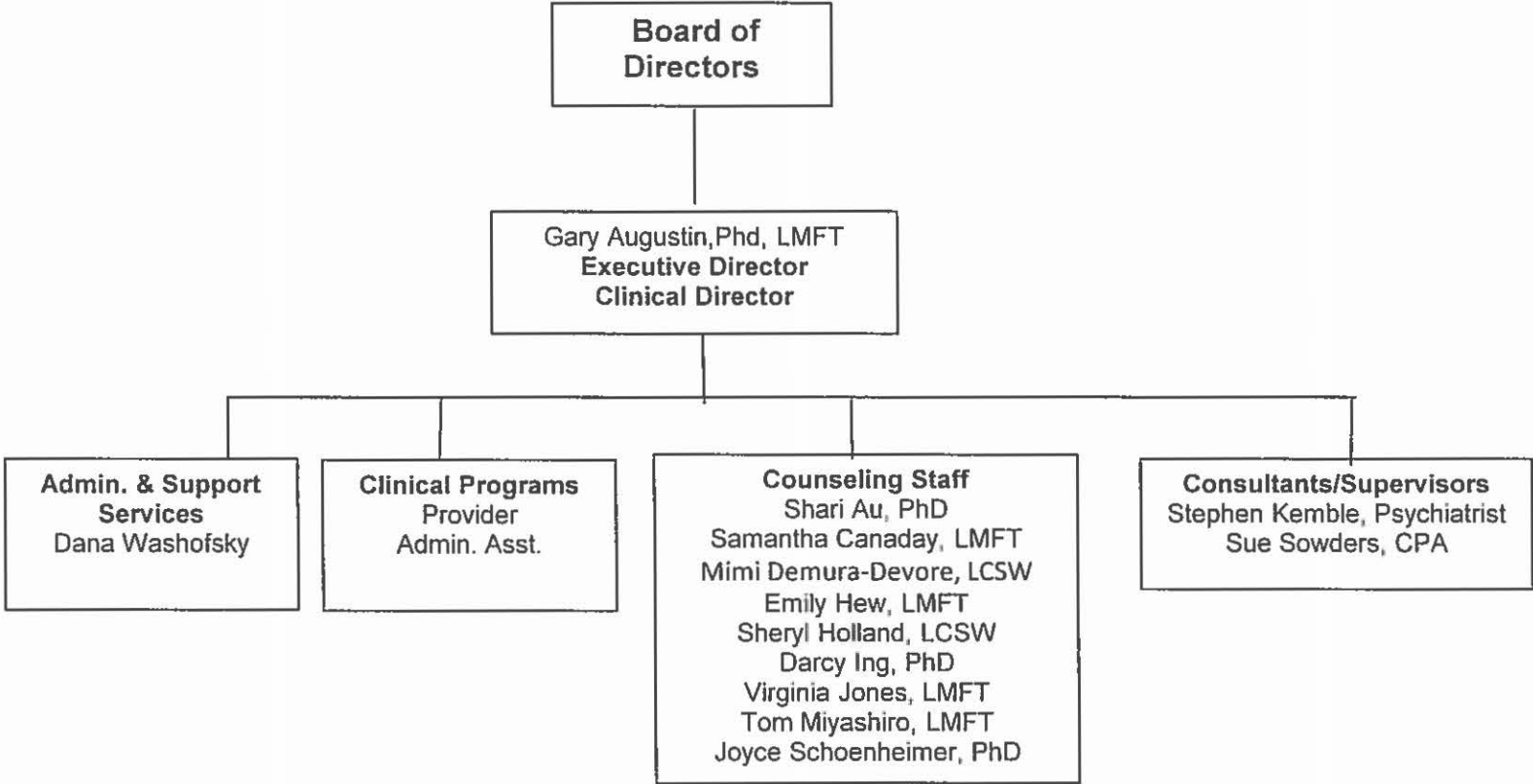
This is a Pilot Program. Should the outcome data prove beneficial then recourses will be sought through all financial avenues to continue to reach out to this target population.

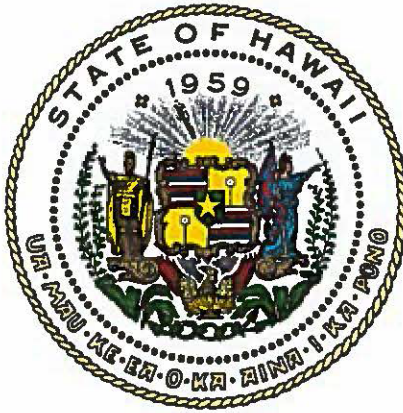
Further, The Center will maintain the dedicated therapist for referral on a case by case basis funded only through private insurance and individual donations.

Certificate of Good Standing

attached

SAMARITAN COUNSELING CENTER HAWAII
ORGANIZATIONAL CHART
2016





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

SAMARITAN COUNSELING CENTER HAWAII

was incorporated under the laws of Hawaii on 07/25/1986 ; 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 21, 2016



Director of Commerce and Consumer Affairs

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

Applicant: Samaritan Counseling Center Hawaii

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	89,401		89,401	
2. Payroll Taxes & Assessments	6,839		6,839	
3. Fringe Benefits	8,760		8,760	
TOTAL PERSONNEL COST	105,000		105,000	
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment	500		500	
4. Lease/Rental of Space	12,000		8,000	
5. Staff Training				
6. Supplies	600		600	
7. Telecommunication	2,000		2,000	
8. Utilities				
9. Mileage/Parking	1,200		1,200	
10. Postage	1,550		1,550	
11. Marketing	5,000		1,500	
12. Accounting	9,600		1,300	
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	32,450		16,650	
C. EQUIPMENT PURCHASES	2,000		2,000	
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	139,450		123,650	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	139,450	Andrew V Bates 808-545-2740		
(b) Total Federal Funds Requested		N [Redacted] Phone		
(c) Total County Funds Requested	123,650	[Redacted] Date 1/22/2016		
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
TOTAL BUDGET	263,100	Andrew V Bates, President Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2016 to June 30, 2017

Applicant: Samaritan Counseling Center Hawaii

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Program Provider	1	\$65,000.00	100.00%	\$ 65,000.00
Administrative Assistant	0.5	\$24,000.00	100.00%	\$ 24,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				89,000.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2016 to June 30, 2017

Applicant: Samaritan Counseling Center Hawaii

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Desktop Computer	1.00	\$2,000.00	\$ 2,000.00	2000
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:	1		\$ 2,000.00	2,000

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

(NA)

Applicant: _____

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:2016-2017	FY:2017-2018	FY:2018-2019
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: _____

(NA)

Contracts Total: -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1					
2					
3					
4					
5					
6					
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29					

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED 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, Hawaii 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, Hawaii 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, Hawaii 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, Hawaii 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.

Samaritan Counseling Center Hawaii
(Typed Name of Individual or Organization)


(Signature)

Jan 20, 2016
(Date)

Andrew V. Bates
(Typed Name)

President, Board of Directors
(Title)