

House District 49  
Senate District 24

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: The Alcoholic Rehabilitation Services of Hawaii Inc.

Db: Hina Mauka

Street Address: 45-845 Po'okela Street, Kaneohe HI 96744

Mailing Address: 45-845 Po'okela Street, Kaneohe HI 96744

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name HEATHER MOFFITT

Title Administrative Assistant

Phone # (808) 447-5258

Fax # (808) 236-2600

E-mail hmoффitt@hinamauka.org

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

CASE MANAGEMENT AND TRANSITIONAL HOUSING FOR LMI HOMELESS POPULATIONS WHO SUFFER FROM CHRONIC SUBSTANCE ABUSE

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2017: \$ 262,888

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 \$ \_\_\_\_\_

WE ARE STILL AWAITING OUR NOTICE TO PROCEED FROM THE CITY AND COUNTY OF HONOLULU

SENTATIVE:

ALAN JOHNSON PRESIDENT AND CEO  
NAME & TITLE

1/22/2016  
DATE SIGNED



RECEIVED  
1/22/16 *MA*

## Application for Grants

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

### I. Background and Summary

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

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

Hina Mauka is a not-for-profit Alcohol and/or Drug abuse and dependency treatment agency that was incorporated in 1976 as The Alcoholic Rehabilitation Services of Hawaii Inc. Its unnamed predecessor organization had provided informal services since 1969 at the State Hospital. In 1989, State Hospital renovation plans required that Hina Mauka close its residential services on the hospital grounds. The agency continued outpatient services, moving to Kailua, in Windward Oahu.

With a state land lease since 1990 in Kaneohe and a new residential center constructed in 1995, Hina Mauka is currently licensed to provide residential services and provides a full continuum of substance abuse or dependency outpatient treatment services.

Hina Mauka developed Hawaii's first school-based adolescent outpatient treatment program in 1986, called "Teen CARE," at Castle High School. Hina Mauka's Teen CARE has since expanded to:

- Oahu - 13 participating public high/middle schools
- Kauai - 6 public high/middle schools
- Services are funded by Hawaii's Department of Health.

Hina Mauka opened an adult outpatient clinic at Waipahu in 1997. Hina Mauka opened adult outpatient programs in Kauai and Maui in 1998 and 1999 respectively; however, residential services are still provided at Kaneohe, Oahu. Due to funding constraints and recessionary pressures, Hina Mauka closed its adult (only) operations for Maui and Kauai in 2006 and 2009 respectively.

Also, in 2000, Hina Mauka opened Hawaii's only Therapeutic Community program, located at the Women's Community Correctional Center (WCCC). Providing intensive daily treatment services to 50 women who reside in separate quarters than the general population, the gender-responsive program has demonstrated exceptional outcomes.

Throughout 2000 to 2005, Hina Mauka integrated substance abuse services with mental health treatment in our residential programming. These evidence-based services for dual diagnose and co-occurring disorders are ideal for the homeless population. Services included a psychiatric department and an upgrade to our medical department including a psychiatric RN.

In 2011 and ongoing, Hina Mauka became a national research site for substance abuse studies funded by the Federal agency, the National Drug Abuse Institute. Currently, UCLA, working with UH is lead investigator for the U.S Southwest states.

In 2012, Hina Mauka piloted a Peer Mentoring Program with the support of Aloha United Way with much success. Volunteers, who are trained mentors, provide support to patients who are transitioning from treatment levels of care to community housing. The program improved outcomes, which resulted in ongoing funding by Aloha United Way.

In 2014, Hina Mauka started a Case Management Program to serve Hawaii's Community Care Service Program (CCS) clients which provides healthcare oversight for Hawaii's Severely Mentally Ill (SMI) consumers.

Hina Mauka has maintained CARF accreditation since 1999 and is licensed by the State of Hawaii as a Special Treatment Facility (STF) for residential services in Kaneohe. During recent years, Hina Mauka has broadly expanded services, receiving recognition as one of the fastest 50 growing companies in Hawaii.

Hina Mauka continues to look at ways to improve services by ongoing research and evaluation of its current practices by staying abreast of state-of-the-art, evidence-based practices and what the community needs are.

## **2. The goals and objectives related to the request;**

Hina Mauka's goals are to treat people who have substance abuse and multiple morbidity disorders, which are the most difficult people to help and if left untreated, are the most expensive people in healthcare since they generally use emergent care. These issues are very common among homeless people. Available treatment that specifically addresses this population is a pre-requisite for effective health interventions. This requires addressing barriers to provision and multi-morbidity treatment so that homeless people can access the full range of health and social care services (NIH, 2006).

For this proposal, Hina Mauka's goal is to develop a pilot program with reportable outcomes to help homeless people who have multiple chronic illnesses of substance abuse and multi-morbidity disorders. This population has severe behavioral issues and is most difficult to treat; hence, they often have difficulty accessing or retaining care including Housing First and generic case management services.

Hina Mauka's objective is to provide substance abuse specific case management services and transition (clean and sober) housing assistance for this population until they are stable and ready to access Housing First or other permanent housing and vocational opportunities. Hina Mauka pilot will help insurers and government funding sources to have a developed model of a full continuum of programs that is a collaborative, integrated treatment service designed to reduce the severity and disabling effects related to alcohol and/or other drugs and provide interim and post-treatment housing assistance that will improve their chances to achieve long-term appropriate and supportive housing.

### **3. The public purpose and need to be served;**

Many homeless people have chronic substance abuse yet have only "significant" mental health issues. This population doesn't qualify for severe mental health services and can't access services with the Adult Mental Health Division or the Community Care Services (CCS). However, many do have untreated chronic physical medical conditions. Because of their substance abuse illness coupled with significant mental health and chronic medical conditions, they require specific treatment designed for their multi-morbidity conditions involving around chronic substance dependence.

Homeless individuals with substance abuse or dependency and mental health issues are at a higher risk to have serious medical conditions including life threatening infectious diseases, malnutrition, diabetes, liver disease, and neurological impairments. They are also at greater risk for serious injury resulting from accidents and environmental exposure. Multi-morbidity conditions have become a common them among the homeless (CDC, 2015).

Many homeless individuals are often frequent users of emergency medical services and/or when they do access medical care, including psychiatric care, they require intensive medical interventions. However these emergency visits may be brief designed to stabilize only and those homeless individuals with substance abuse and co-morbidity health disorders still require intense ongoing services.

Once emergency care is done and a referral is made to an inpatient substance abuse setting, these individuals fall to a long waitlist with no services in the interim. It almost impossible for these individuals to find appropriate housing because most landlords and rental agencies don't want to risk renting to these untreated individuals because of their instability to maintain short or even long term housing.

Brief Case Management services can help facilitate a successful transition from homelessness or emergent care to treatment, collaborate with ongoing care providers throughout the treatment process and into appropriate clean and sober housing that is familiar working with this population.

It is no secret that Hawaii's economy is heavily reliant on tourist activity; therefore the image of the pristine, unspoiled islands is vital to the income and success of the state.

With best efforts being put forward by the local government and the wider community, the issue of homelessness has to improve before any serious damage is done to the state's reputation as a vacationer's paradise.

"When visitors come here, they want to see their paradise," Caldwell said in an interview with the Times. "They don't want to see homeless people sleeping in parks or on sidewalks or on the beach." Caldwell also stated "We haven't eliminated the visual impact of homelessness... I want to do this in a constitutional way, a human way, but I want to do it. We need to do it," (streetsense.org, 2015).

Jerry Jones, Executive Director of the National Coalition for the Homeless, said the crackdown in the state of Hawaii, typically known for its easy-going nature and friendly disposition, is "as bad as we've seen it recently." (streetsense.org, 2015).

In an exclusive interview with Hawaii News Now Governor Ige stated that the public anger is due to enforcement in Waikiki and downtown, which pushed many homeless people into more visible areas, "I do believe that the homelessness has begun to impact broader and more members of our community in a way that is increasing its priority" (Hawaii News No, 2015).

Homelessness is a complicated matter and there is no quick fix. Merely sweeping people from one place to another gives no solution or relief to those suffering in poverty. The masses residing on the streets of Hawai'i have the same rights as any other individual within the United States; therefore the homeless cannot simply be herded off to a designated location, as spoken to as a possible resolution, without having consent. The victims of homelessness are often in shocking health both physically or mentally, and are unaware of what is in their best interests. The severity of this issue is being made public throughout Hawai'i and all over the United States, with numerous newspaper articles being released on the controversial topic. Homelessness is a difficult issue and a lot is involved to find a solution that combats the root of the matter once and for all rather than providing a temporary fix (www.uhero.hawaii.edu, 2013).

Many of Hawaii's homeless population abuse alcohol and illicit drugs. This homeless sub population costs an enormous amount in tax payer dollars. Without specialize services these individuals get caught up in the cycle of repeated visits to the emergency room and hospitals only to end up back on the streets. The problem then multiplies or never improves. In some cases, these individuals commit crimes to survive or support their addictive habits then end up in jail which result in a cost to the taxpayer as well.

Medical Centers recorded 5,000 emergency room visits by homeless people. Reporter Nick Grube found that drugs and alcohol were contributors in most deaths. For those who died of natural causes, more than half succumbed to heart disease (KITV.com 2014).

The Point in Time Count (PIT) for the City and County of Honolulu was completed in January 2015 and distributed in April 2015. Its purpose is to obtain a reliable estimate of

sheltered and unsheltered homeless population on Oahu. The number of homeless individuals on Oahu is 4,903, a 4% (191) increase over 2014. The percentage of those who are unsheltered is 40% (1,939), the highest percentage since these data were collected in 2009 (Oahu Homeless Point in Time Count Report Release, 4/2015).

The Oahu PIT Count also reported in 2015 that 60.3% of adults with a serious mental illness and 66.6% of adults with a substance abuse disorder are still unsheltered (C. Peraro Consulting, LLC, 2015 Oahu Point-In-Time (PIT) Count, April 2015 pg. 10). 35.7% of the 2015 total PIT Count (4903) is homeless individuals with a serious mental health and substance abuse condition.

In a Hawaii News Now publication “Expert says Hawaii Poll shows public is engaged and frustrated by homelessness” revealed the results of a poll asking the public to rate individuals and organizations on their handling of homelessness with five being the best and one being the worst. The only rating above three (3.2) was for nonprofit service providers (Hawaii News Now, 8/2015).

Hina Mauka serves on average of 1,700 adults annually and approximately 40% are either homeless-alone or homeless with their partner and have at minimal a substance abuse disorder.

These individuals are those who do not have case management services are left to their own resources to care for their needs. Even if they qualify for residential services, the waitlist throughout the state is staggering. Though some case management is provided while individuals are actively engaged in treatment; there are very few case management services prior to admittance for this vulnerable homeless sub-population. From emergency room to detox to actual admittance, case management services are either very limited or non-existent. They return to the street because almost no one wants to house untreated individuals only to become once again vulnerable to community stressors and the cycle repeats itself.

Case management for this homeless population is crucial to the overall success of these individuals. In most cases, these individuals are disoriented to the health systems because of the disabling effects of substance abuse. A case manager helps the client navigate through system complexities that can discourage clients from seeing the process through, encourages client participation in seeking informal and formal sources of assistance; and works to resolve any client-identified barriers to treatment, such as lack of transportation, suitable housing, and social support services. This case management pilot program and its services for substance abuse treatment can bring about broad system change and how we view the importance of case management for those who are affected by chronic homelessness and multi-morbidity.

Hina Mauka already has established working relationships for consumer referrals with Castle Medical Center, Queens Medical Center, Straub and other emergent care centers.

This grant will provide the needed services to bridge appropriate consumers to treatment services and supportive housing.

By providing case management services during this period, individuals can get the assistance they need to stay on course until they reach their service destination. Although many programs provide case management, there is still much to be said about case management services that target this subpopulation between emergency care, treatment and beyond.

Hina Mauka strongly believes by providing case management and treatment services to those who are affected by substance abuse and mental health disorders, we can make an impact on those who revolve through the care system and make changes that will be long lasting, improve housing sustainment, contribute to the homeless crisis and lower cost to the tax payer.

For this grant, Hina Mauka proposes to primarily focus its efforts on the homeless population on Oahu.

**4. Describe the target population to be served; and**

For this contract, Hina Mauka will focus its efforts on homeless persons who meet the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (**DSM-5**) criteria for a substance disorder who may also be diagnosed with a medical or a multitude of medical conditions (multi-morbidity). As stated earlier, these populations are frequent users of emergent care because of their substance abuse illness coupled with significant mental health and chronic medical conditions. They require specific treatment designed for their multi-morbidity conditions involving around chronic substance dependence and if housed appropriately, they chances of achieving successful outcomes are more likely and overall reduce the cost to the state and the tax payer.

**5. Describe the geographic coverage.**

Hina Mauka plans to serve the entire island of Oahu.

**II. Service Summary and Outcomes**

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

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

Hina Mauka proposes to provide case management pilot program and its services to eligible homeless individuals with substance abuse and multi-morbidity disorders that will include:

- a. The case manager will work with collaborates at the hospital emergency rooms, shelters and other emergent care facilities and personal to identify homeless individuals that may need substance abuse/mental health residential treatment by completing a screening process and Homeless Compliance Form.
- b. During the screening process the case manager will assist eligible clients to access residential treatment services.
- c. If the client is placed on a residential waitlist, the case manager will assist the client with interim housing through our establish list of Clean and Sober Housing Network. Funds from this grant will be utilized to fund such services until a bed space becomes available. During the interim, the case manager will assist the client with attaining other required documents to enter residential treatment (2-step TB clearance, physical, medical as well as obtaining all medical and psychiatric records that may be needed prior to admission). Also, Motivation Enhancement services will be made available to the client in the interim in preparation for residential admission.
- d. The case manager will collaborate with treatment counselor to establish temporary clean and sober supportive housing through our establish list of Clean and Sober Housing Network prior to transition from residential treatment to outpatient treatment services. Funds from this grant will be used to fund or subsidize these services.
- e. The case manager will collaborate with Housing First case managers to provide assessments for long-term housing placement through the Housing First Pathways Project.
- f. Case manager along with our administration team will collaborate with the Clean and Sober Housing Network to collect formal data for reporting purposes.

For this effort, Hina Mauka plans to use the Brief Strengths-Based Case Management (SBCM) model. SBCM is an evidence-based, one-on-one social service intervention for adults with substance use disorders that are designed to ensure each client encounter is flexible, providing an opportunity to develop and implement a personal, client-driven plan that improves the individual's overall functioning and/or addresses specific barriers to linking with treatment and other services. The case manager helps the client identify personal skills, abilities, and assets through discussion and collaboration; supports client decision-making so that the client sets treatment goals and determines how the goals will be met; encourages client participation in seeking informal sources of assistance; and works to resolve any client-identified barriers to treatment, such as lack of transportation, housing and social support. The case manager strives to develop a strong working alliance with the client, which is considered central to the process of linking with and using substance abuse treatment services effectively (SAMHSA, 2015).

In conjunction with this contract, Hina Mauka proposes to make available at no cost to this contract Motivational Enhancement/Pre-Contemplative services for those clients who meet the criteria for residential treatment who lack the motivation to engage in services, or while waiting for an available bed space. We will also make available Outpatient Services for those clients who no longer meet the criteria for residential services.



We assess each client throughout treatment process according to DSM IV-TR criteria and the most current version of the American Society for Addictive Medicine Patient Placement Criteria (ASAM PPC-2R) to help determine the most appropriate treatment approach. In addition, these assessment tools can aid in determining individual criteria for admission, transition, housing placement, continuance, and discharge at any time during the treatment process.

Based on a treatment plan that is tailored to individual need, treatment services include but not limited to; individual counseling; group therapy; family counseling; skill building; medication education and management; anger management; cognitive restructuring; social skill development, time management, and developing a strong support system within the recovering community and appropriate linkages to permanent housing.

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

Hina Mauka will hire case managers to be ready to start once the notice to proceed is received. Orientation and training will commence the first week which will include familiarizing current staff and the hired case managers about system processes, population to be served and stakeholders involved. The case managers will start in the first month to outreach to its stakeholders to include; hospitals, especially emergency rooms, clinics, agencies and other providers. Case managers will start making services available immediately to qualifying persons to keep them engage in the continuum of services. Case managers will provide support, encourage motivation and document client progress and events while in the continuum of care.

The need for residential treatment is great and often times a homeless person may be placed on the waitlist until a residential bed space is available. While on the residential waitlist for treatment, case managers will connect qualified individuals to interim housing, motivational groups and other services in preparation for residential treatment. With the case manager's help, homeless persons will overcome the barriers to get into treatment. Once in treatment, case managers will collaborate with treatment staff to provide ongoing support in preparation for transition back into the community and appropriate supportive housing.

By the second or third month on average, some may be ready to step down from residential to less intensive care. While in residential treatment, case managers will assist with finding housing and ensure they follow through with step down procedures to outpatient treatment as well as access to ongoing psychiatric and medical care. Without case management help, these individuals rarely show up for their second or third appointment with community based providers, end up homeless, give in to the community pressures and end up in emergent care repeating the cycle all over again. Case managers will ensure that these individuals stay connected to their community based provider until they are assessed and receiving case management service and seeking permanent housing through Housing First project.

A fundamental process and crucial component to this pilot program is accessing clean and sober temporary housing upon completion of residential treatment if permanent housing is not immediately available. Case managers will continue to work with homeless patients and ensure that all needs are met until permanent housing referral is secured. In several cases, Hina Mauka case managers can transfer homeless people to other existing case managers such as with Housing First or with community based case managers for the severely mentally ill (CCS). If there are any relapses, Hina Mauka case managers can re-engage with the patient to develop a modified, shorter term treatment plan and help them access appropriate treatment levels. Strengths-Based Case Management is designed to address the most difficult substance abuse issues given that few case managers have such expertise. Those needing ongoing services will be referred and connected with such existing services from other providers. This process will continue for the duration of the grant. During the entire process, case managers will prepare outcome reports.

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

During our outreach efforts to provide services to the homeless, chronic substance abuser, our case management team will record all information into an internal database to capture the demographic information needed for reporting. Once assessed/screened for substance abuse treatment, our intake and client services department will follow up with the case manager to provide a diagnosis, level of care recommendation, and if needed, request supporting documentation needed for residential treatment admission. All treatment admissions will then be recorded into the state's Web Infrastructure for Treatment Services (WITS) database. During various modalities of treatment, clients will be surveyed and interviewed by our Quality Assurance Specialist. All data will then be recorded for our projected outcomes.

Case Managers will complete a level of care utilization assessment to assist in identifying those areas that need to be addressed and use this information to develop an individual treatment plan designed to allow the individual and case manager to work together to achieve their desired outcomes. Clean and sober Housing partner will be asked to complete an outcome response form designed to ascertain individual's status in terms of abstinence, arrests status and ability to live in structured environments. This information will be useful when assisting individual's access into permanent living placement.

Methods and evaluation tools used will consist of Level of Care Utilization System (LOCUS), Case management individual treatment plan, clean and sober housing outcome response, case manager's notes and participant satisfaction survey.

**4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level**

**of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.**

This grant in aid will afford Hina Mauka the opportunity to pilot a Strengths-Based Case Management program dedicated to serving the homeless population with chronic substance abuse, co-occurring and/or co-morbidity issues. Our pilot program will serve 80 homeless individuals with chronic substance abuse, co-occurring and/or co-morbidity issues in our community. We believe that with this pilot program, Hina Mauka will make an impact by providing case management services to the homeless population by promoting access to services include housing, substance abuse screenings/assessments and treatment along with referrals for mental health and medical services to remove barriers to access treatment and to improve their overall wellbeing.

Projected outcomes will be measured by various participant surveys and reports:

Outcomes 1: Of the 80 homeless, receiving case management services, 65% will receive a substance abuse screening/assessment.

Outcomes 2: Of the 65% receiving a substance abuse screening/assessment, 50% will access substance abuse treatment.

Outcomes 3: Of those admitted into treatment 70% will be insured before discharge from residential.

Outcomes 4: Of those admitted into substance abuse treatment, 45% will complete treatment.

Outcomes 5: Of those admitted into substance abuse treatment, 70% will receive access to psychiatric or medical treatment.

Outcomes 6: Upon discharge from treatment, 40% will remain abstinent or report no further substance/alcohol abuse.

Outcomes 7: Upon discharge from residential treatment 70% of clients will reside in a stable living environment (transitional, clean and sober housing).

### **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 attached required budget sheets in the back of this narrative\*\*\***

**2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2017.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$65,722	\$65,722	\$65,722	\$65,722	\$262,888

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

Not Applicable

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

None – Hina Mauka has not received any state or federal tax credits.

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

City and County of Honolulu Community Development Block Grant funding for Fiscal Year 2016 - \$250,000.00

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

\$5,140.753.00

## **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.*

The adult services treatment team at Hina Mauka utilizes a multidisciplinary, holistic approach to the care of individuals who are homeless and have a substance abuse and mental health disorders.

Hina Mauka has the capacity and needed skills to provide case management for substance abuse clients because we provide traditional case management services for Community Care Services (CCS) for the mentally ill. Our Case Management Supervisor is a license Marriage and Family Therapists with over 18 years of experience working with the homeless and substance abuse population. The supervisor oversees the case management department and is skilled in collaborating and developing working relationships with other community providers. The supervisor is also well-versed and familiar with various case management models to include brief case management (SBCM) model we will be using for this contract.

Also case management services have been an intricate part of our overall continuum of care making it our daily treatment routine. Our Certified Substance Abuse Counselors (CSAC) is required to be skilled in case management as well as other core-function responsibilities and competencies.

Hina Mauka is also skilled in implementing a multi-faceted approach to the provision of services that specifically meets the varying needs of the particular client. Staff is well-trained in motivation enhancement techniques to “meet the client where they are at.”

**Experience** - As stated earlier, Hina Mauka’s experience as a provider for substance abuse treatment dates back to 1969. Since then and the completion of its main facility in Kaneohe in March of 1995, Hina Mauka has remained on the forefront of new treatment developments by collaborating with state, local government agencies and other providers with initiating such developments and spear heading the way for evidence-based and promising practices here in Hawaii.

Over the years, Hina Mauka has become and known as a leader in paving the way for, or introducing new treatment practices, health care systems and programs that specialize in targeting sub-populations or gaps in services. Our history speaks for itself in terms of our experiences.

In 2000, Hina Mauka was the first treatment agency to provide urine collection and testing along with the associated counseling services for U.S. Probation and Pre-trial Services and Department of Human Services: Child Welfare Services.

Hina Mauka opened Hawaii’s first Therapeutic Community program located at the Women’s Community Correctional Center (WCCC). Providing services to about 50 women, the gender-responsive program has demonstrated exceptional outcomes.

In addition, Hina Mauka was pleased to be a part of Hawaii’s Co-Occurring Disorder State Infrastructure Grant (COSIG Pilot Project). Along with the Department of Health’s Adult Mental Health Division (AMHD) and ADAD as well as other agencies on the Windward side of Oahu, the project worked towards integrating care for people who have substance related and mental disorders.

Hina Mauka’s CEO and president Alan Johnson is a contributing member to Senator Chun’s task force on addressing the homeless problems in Hawaii. Also, the Director of Adult Services William Mousser is a member of Partners in Care (PIC) and contributes to system development that addresses the targeted population for this contract.

Hina Mauka recently achieved a consecutive maximum 3-year CARF accreditation since in May 2014, and is one of the only programs in Hawaii to receive CARF accreditation for Criminal Justice Programming. CARF – The Rehabilitation Accreditation Commission – is a national organization that establishes standards of quality for programs and services and uses those standards to determine how well an organization is serving its consumers and how it can improve.

While Hina Mauka has stayed abreast of best practices and held itself to the standards of CARF, it has maintained a Substance Treatment Facility (STF) license for residential services through the Department of Health since the mid 90’s.

Over the past 30 years, Hina Mauka has provided a variety of services to include case management and substance abuse for the following active contracts:

<b>Organization Name</b>	<b>Address</b>	<b>Experience</b>	<b>Name/Title/Contact Information</b>
State of Hawaii Department of Public Safety	919 Ala Moana Blvd. Room 405 Honolulu, Hawaii 96817	Level III treatment services in WCCC. Therapeutic community for 50 women providing contracted designated services. Culturally sensitive, women oriented	Dwayne Kojima Substance Abuse Program Manager (808)587-1272 Dwayne.t.kojima@hawaii.gov
The Judiciary, State of Hawaii Adult Client Services	777 Punchbowl St. Honolulu, HI 96813	Residential, IOP, OP, AC, offender services for men and women referred by probation officers.	Jean Oshiro Program Specialist (808) 539-4510 Jean.T.Oshiro@courts.hawaii.gov

State of Hawaii Department of Health: Alcohol and Drug Abuse Division	301 Kamokila Blvd. Room 360 Kapolei, HI 96707	Residential, IOP, OP, AC, offender services for men and women referred by probation officers for Intensive Case Management (ICM) services requiring treatment	Florence Schuh Contract Manager ADAD Treatment and Recovery Branch (808) 692-7536 Florence.schuh@doh.hawaii.gov
State of Hawaii Department of Public Safety Pre-Trial Services	919 Ala Moana Blvd. Room 405 Honolulu, Hawaii 96817	Provide case management, assessment and re-entry services to pre-trial defendants. Providing re- entry services such as; treatment, case management, job readiness, medical, psychiatric, service linkage	Max Otani Division Administrator (808) 587-1262
State of Hawaii Department of Human Services:	810 Richard St., Suite 501 Honolulu, HI 96813	Provide court ordered assessments and urinalysis testing for families under CWS supervision.	Kathryn Boyer, Supervisor (808) 586-5699 KBoyer@dhs.hawaii.gov
U.S. Federal Probation (Monitoring and Treatment) Adults	300 Ala Moana Blvd. Honolulu, Hawaii 96850- 0110	Provide urinalysis monitoring services for Federal pre-trial and probationers.	Lisa Jicha Federal Probation Contracting Officer (808) 541-1315 Lisa_Jicha@hip.uscourts.gov

State of Hawaii Department of Health Adult Mental Health Division	P. O. Box 3378 Honolulu, Hawaii 96801- 3378	Provide case management and treatment services and case management for AMHD forensic patients. Residential, Day Treatment, Continuing Care and Psychiatric services	Steve Balcom, MA Crisis Services Coordinator (808) 453-6939 steven.balcom@doh.hawaii.gov
Ohana Health Plan Wellcare	94-450 Mokuola Street Waipahu, Hawaii 96797	Provide case management services for CCS/mentally impaired consumers	Farrah Winston LCSW Service Coordinator (808) 675-7366 Farrah.winston@wellcare.com

**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.*

**Kaneohe**

*45-845 Po'okela Street, Kaneohe, Hawaii 96744*

Hina Mauka's Kaneohe site is a 24,000sf 48-bed facility, constructed in 1995. This separate facility has adequate space for several outpatient groups, and houses all our administrative staff, kitchen, spacious dining room and individual counseling rooms. The residential clients are housed upstairs, which is accessible by stairs and elevator. On the ground floor, there are 4 large enclosed group rooms, an expansive dining room that serves for client meetings, 11 individual counseling offices, a Treatment Associates' office that is open 24 hours a day, a nursing office, a physical examination room, a large enclosed chart/documentation room, and a large enclosed clinical administrative room. Double closed doors separate the clinic area from the rather large open lounge where clients are received by our receptionist and intake specialists. The building meets all ADA regulations and has been further designed to accommodate persons with disabilities.

The building is isolated, providing client confidentiality, since it is several blocks from the nearby Hawaii State Hospital, Windward Community College, Windward Mental Health and the Windward Recreational Area. The facility is accessible by bus. There is a bus stop within 2 blocks of the facility.



Pursuant to our state licensing requirements, the Kaneohe building meets all federal, state and local regulations (e.g. building codes). The building was specifically designed for alcohol and other substance abuse rehabilitation, with the integrity of the confidential relationship and the personal dignity of the client as the primary consideration. Hina Mauka modified the existing in-house bathrooms according to recommendations from the US District Court representatives to improve upon the integrity and accuracy of urine collections. The health and safety of employees, clients and the community is one of our essential priorities and is monitored by the appropriate government agency annually.

**Security** - Ingress and egress is maintained 24 hours per day seven days per week by the use of personnel and door locks with an alarm system. During hours of normal operation, 8:00 A.M. until 4:30 P.M. doors remain unlocked and alarms are not set. Adequate personnel are on hand and signs direct persons to the front desk where visitors are required to sign in. At 4:30 P.M. side doors are locked and only the main lobby remains open. Personnel are stationed in the main lobby to welcome visitors and ensure only authorized persons are allowed in. At 10:30 P.M. all doors are locked and alarmed. In addition internal doors leading from upstairs to downstairs are also alarmed. Any movement from upstairs to down will be identified by the alarm. Any attempt to open external doors will be identified by alarm. Surveillance cameras in and around the facility provide 24 hour staff the ability to monitor the facility from one easy location.

Hina Mauka is currently expanding the 48-bed facility with 16 additional beds. Construction is due to complete by the end of 2016. The Annex building located on the same premises houses most of our clinical administration team, the psychiatric department and the case management department. Though case management will be engaging with its collaborates and servicing clients on an outreach basis, offices in this building provide adequate space to conduct confidential individual sessions with the population served under this contract.

## **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.*

If awarded this contract, Hina Mauka plans to hire a full-time case manager to implement the services described in Section II (Service Summary and Outcomes). The case manager will provide outreach services to designated referral and emergent care agencies at the same time provide case management services to qualified individuals. The case manager will also work closely with treatment staff and the client to ensure a seamless flow of

services from interim housing assistance if needed, admission into the treatment program and provide collaborative support until the client transition into clean and sober housing.

In addition to this case manager, Hina Mauka employs an adequate amount of staff to help deliver other services not covered by this contract. The case manager will work collaboratively and alongside the entire treatment team so that services will be easily accessible and available. Hina Mauka also has adequate staff that supports clinical programs including administrative, fiscal, facilities/safety, development and contract management.

**Staff Qualifications** - As mentioned earlier, the case management department is supervised by a license MFT who has 18 years of experience working with the homeless substance abuse and mental health population. Hina Mauka will employ a case manager that will best serve this contract and best serve the designated population if awarded.

In addition to this contract, all staff providing services to contracted consumers has experience and qualifications associated to their assigned tasks and to the needs of the clients they serve. The human resources/payroll department verifies licenses and certifications in the personnel record. Hina Mauka mandates certifications and required educational degrees to work with the homeless substance abuse and co-morbid population and recruits accordingly.

The minimum level of education, training, and experience preferred for staff that are authorized to provide services for are:

- Counselor: CSAC and/or master's level in social work, psychology or related field.
- Case Managers: A minimum of a Bachelor's degree in social work, psychology or related field.
- Clinical Supervisors and Evaluators: (REQUIRED) CSAC and/or master's level in social work, psychology or related field.
- Peer Specialist: High school diploma or equivalency, certification by the Division's Peer Specialist Program
- Treatment Associates: high school diploma and ability to work with and relate to clients with substance abuse disorders, including dually diagnosed. Certification in CPR and First Aid.
- Registered Nurse: Current RN license with the State of Hawaii. Preference given to background in psychology, or experience with substance abuse and mental health treatment.
- Medical Doctor: M. D. License in the State of Hawaii; Specialization and certification or eligibility for certification in Addiction Medicine/Psychiatry.

**Supervision and Training** - For this contract, case managers are supervised by the case management department supervisor. The supervisor will provide direct supervision and evaluation of work performance. The supervisor also provides feedback and support to the case managers making sure they are meeting their metrics in terms of client contacts and achieved outcomes.

In addition, Hina Mauka has the broader ability to provide clinical supervision training, evaluation, technical assistance and administrative direction relative to the delivery of services due to our organizational size and structure. Hina Mauka has sufficient qualified supervisory staff to perform these functions. Also, we have access to training provided by the State as well as internal and external training.

**a. *Clinical Supervision Process***

Clinical Supervision is performed by the Director and/or Supervisors and is as follows:

- Daily - during team meeting each morning, staff is provided with supervision to deal with difficult or challenging clients, discuss and welcome new admits and set treatment schedule for the day.
- Supervision Group – weekly group to assist counselors in team building, caseload reviews, training and updates on system improvements and implementation.
- Bi-Weekly Chart Management is conducted during which time charts are reviewed and feedback is provided. Chart reviews are completed with specific deficiencies noted, and charts returned to staff for resolution. This process is also completed upon discharge of each client from the program.
- Clinical supervision is documented
- Annual - Performance evaluation is documented
- Periodic client evaluations of staff are also utilized. Client satisfaction questionnaires are tallied quarterly and feedback is provided to all staff.

Hina Mauka has the ability, to provide clinical supervision, training, evaluation, technical assistance and administrative direction relative to the delivery of services due to our organizational size and structure. Hina Mauka has sufficient qualified supervisory staff to perform these functions. Also we have access to training provided by the State as well as internal training.

Hina Mauka ensures 12 hours of relevant clinical training as mandated by the Hawaii Administrative Rules is completed annually. This includes but is not limited to staff education on confidentiality, community resources, HIV and Aids, other infectious diseases including risks of Tuberculosis (TB) on those abusing substances.

New hires are on probation for 90 days during this time they receive on the job training and required to familiarize themselves to policies and procedures. Volunteers, interns,

and trainees receive orientation and training as necessary. Each employee receives an employee handbook.

Staff is provided extensive training each year. Every quarter employees meet for lunches followed by training. The process Hina Mauka uses to assess ongoing training and technical assistance requirements is as follows:

- a. Hina Mauka utilizes training presented by external resources, i.e., ADAD, AMHD, etc., as well as by monthly internal training presented by staff, i.e. program directors and counselors. In addition, Hina Mauka also pays for trainers external to the organization to provide in-house training for cognitive restructuring, group process, solution focus interviewing techniques and motivational enhancement programs.
- b. All staff receives training on substance abuse and dual diagnosis at least once a quarter.
- c. Hina Mauka receives the National Association of Drug and Alcohol Counselors magazine and NIDA reports to ensure counselors remain abreast of the most current developments in mental health and substance abuse research and treatment.
- d. Selected staff is members of the Hawaii Association of Drug and Alcohol Counselors (HAADAC), which is a State representation of the National Association of Drug and Alcohol Counselors (NAADAC).

Hina Mauka includes a line item budget for each year for training. What has been allocated is available for review in our general ledger.

**B. Organization Chart**

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

\*\*\* Please see Attachment H for Org. Wide & Program Specific Organizational Charts\*\*\*

**C. Compensation**

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

President and CEO	\$118,750.00
Chief Financial Officer	\$85,600.00
Director of Adult Programs	\$80,000.00

## **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.*

Civil Lawsuit 13-1-0147 Fifth Circuit Court filed April 2013. The complaint contends that Hina Mauka didn't admit a severely mentally ill person from Kauai into residential treatment on Oahu. The Insurance Company appointed attorney, Gregory K. Markham, is representing Hina Mauka. Hina Mauka's attorney filed an answer to the complaint on June 5, 2013. Case is still open.

### **B. Licensure or Accreditation**

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

Hina Mauka has maintained a national accreditation from CARF since 1999; is accredited with the State of Hawaii Adult Drug and Alcohol Division (ADAD) and is licensed by the State of Hawaii as a Special Treatment Facility (STF) in accordance with Title 11, Chapter 98, is in compliance with Chapter 175 and with applicable Hawaii Administrative Rules (HAR).

In addition Hina Mauka was pleased to be a part of Hawaii's Co-Occurring Disorder State Infrastructure Grant (COSIG Pilot Project). Along with the Department of Health's Adult Mental Health Division (AMHD) and the Alcohol and Drug Abuse Division (ADAD) as well as other agencies on the Windward side of Oahu, the project provided extensive training to Hina Mauka and worked towards integrating care for people who have both substance related and mental disorders.

Hina Mauka is honored to have been selected to participate in two separate National Institute Drug Abuse (NIDA) Clinical Trials Network (CTN) Studies as part of the Pacific Region Node. Working closely with the University of California – Los Angeles (UCLA), Hina Mauka is demonstrating onsite research capabilities for such studies.

### **C. Private Educational Institutions**

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

Not Applicable – Hina Mauka is a Not for Profit organization that is recognized with the IRS as a 501(c) (3).

**D. Future Sustainability Plan**

*The applicant shall provide a plan for sustaining after fiscal year 2016-17 the activity funded by the grant if the grant of this application is:*

- (1) Received by the applicant for fiscal year 2016-17, but*
- (2) Not received by the applicant thereafter.*

This pilot project will demonstrate what is needed to be effective for addressing homelessness for those who have chronic substance abuse issues. With the focus on homelessness at this time, this project will help leaders in government and insurers to consider more effective plans for the route to accessing Housing First for those homeless who have multiple chronic illnesses. Government and insurers have been considering this research-driven approach and this pilot to experiment on what works to provide good outcomes will give leaders encouragement to develop funding for this type of service using existing funds.

Hina Mauka's revenue is \$7.6 million per year from state, federal and insurance contracts. Hina Mauka has a 48 bed facility serving about 500 Hawaii residents per year. We are currently moving forward with a 16 bed residential expansion project (Paku'i Hale) that will generate a projected revenue of \$1,048,320 upon completion of the project in 2016. Hina Mauka has fund raising capabilities through our Board of Directors and has contracted with Beth Lum, a consultant from CFR Associates. Hina Mauka has relationships and previous funding from many of the local foundations including the Harold Castle Foundation, Harry and Jeanette Weinberg Foundation, Atherton, First Hawaiian Bank, Honolulu Community Foundation, and numerous other local foundations and businesses. Hina Mauka currently raises funds through an annual luncheon, Recovery Run/Walk, Zumbathon and recently a luau. Hina Mauka is also a member/recipient of Aloha United Way.

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

*If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2015.*

\*\*\* Please see Attachment D for the Certificate of Good Standing & Certificate of Vendor Compliance\*\*\*



# Budget Forms



## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

Applicant: The Alcoholic Rehabilitation Services of Hawaii Inc, DBA Hina Mauka

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	122,400			
2. Payroll Taxes & Assessments	20,808			
3. Fringe Benefits	18,360			
<b>TOTAL PERSONNEL COST</b>	<b>161,568</b>			
<b>B. OTHER CURRENT EXPENSES</b>				
1. Emergency Housing	50,000			
2. Supplies	2,000			
3. Staff Training	1,000			
4. Telephone	1,000			
5. Administrative Cost 18%	47,320			
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>101,320</b>			
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>262,888</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	262,888	[Redacted Signature]		7-5209
(b) Total Federal Funds Requested				Phone
(c) Total County Funds Requested				Date
(d) Total Private/Other Funds Requested				
<b>TOTAL BUDGET</b>	<b>262,888</b>	Alan Johnson, President & CEO Name and Title (Please type or print)		



# BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2016 to June 30, 2017

Applicant: The Alcoholic Rehabilitation Services of Hawaii, Inc. UBA Hina Iwauka

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

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
No Motor Vehicle requested			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	
JUSTIFICATION/COMMENTS:				

# BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2016 to June 30, 2017

Applicant: The Alcoholic Rehabilitation Services of Hawaii Inc DBA Hina Mauka

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						
<b>TOTAL:</b>						
JUSTIFICATION/COMMENTS:						

**GOVERNMENT CONTRACTS AND / OR GRANTS**

Applicant: The Alcoholic Rehabilitation Services of Hawaii Inc DBA Hina Mauka

Contracts Total: -

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)</b>	<b>CONTRACT VALUE</b>
1	Not Applicable				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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29					

# **Attachments**

**A – IRS 501(C)(3) Determination Letter**

**B – State of Hawaii STF License & Certificate of Insurance**

**C – CARF Accreditation Letter and ADAD Accreditation Letter**

**D – Certificate of Good Standing & Certificate of Vendor Compliance**

**E – Articles of Incorporation**

**F – Amended By Laws**

**G – Board of Directors Listing**

**H – Organizational Wide Org. Chart & Project Specific Org. Chart**

# **Attachment A**

**IRS 501(C)(3) Determination Letter**

Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: **SEP 24 2007**

Person to Contact:  
Sally Froehle [REDACTED]  
Toll Free Telephone Number:  
877-829-5500  
Employer Identification Number:  
[REDACTED]

The Alcoholic Rehabilitation Services of Hawaii Inc  
DBA Hina Mauka  
45 845 Po'okela Street  
Kaneohe, HI 96744

Dear Sir or Madam:

This is in response to your request of July 20, 2007 regarding your name change from Alcoholic Rehabilitation Services of Hawaii Inc to The Alcoholic Rehabilitation Services of Hawaii Inc and your address change. We have updated our records to show the changes above.

Our records indicate that a determination letter was issued in July 1977 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

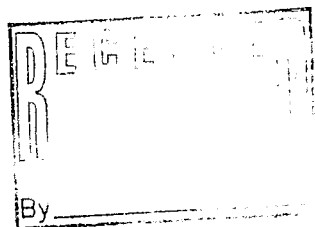
Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[REDACTED]

Manager, Exempt Organizations  
Determinations





# **Attachment B**

**State of Hawaii STF License**

**&**

**Certificate of Insurance**



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
LICENSE

ALCOHOL REHABILITATION SERVICES OF HAWAII, INC. is hereby granted a license to operate a

SPECIAL TREATMENT FACILITY (HINA MAUKA)

at 45-845 POOKELA STREET, KANEOHE, HAWAII  
with a capacity of 48 beds. This license is valid for ONE YEAR  
ending NOVEMBER 30, 2016 unless revoked for just cause.

This license is granted in accordance with provisions of the state public health laws and regulations.

Effective Date: DECEMBER 1, 2015

Date Issued: NOVEMBER 19, 2015

OHCA#52-STF

Established Date: 8/15/95

- > Post in a conspicuous place.
- > License is not transferable.
- > License shall be surrendered upon a suspension or revocation



MEMORANDUM OF AGREEMENT ADAD



HINAM-1

OP ID: JH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/YYYY)

10/13/2015

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

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

PRODUCER Jerry Hay, Inc. 650 Iwilei Road, Suite 206 Honolulu, HI 96817	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED <b>The Alcoholic Rehabilitation Services of Hawaii Inc. dba Hina Mauka 45-845 Po'okela Street Kaneohe, HI 96744</b>	INSURER A:	<b>RIVERPORT INSURANCE COMPANY</b>
	INSURER B:	<b>HAWAII EMP. MUTUAL INS. CO.</b>
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				10/18/2015	10/18/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				10/18/2015	10/18/2016	COMBINED SINGLE LIMIT (Each accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$				10/18/2015	10/18/2016	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				07/17/2015	07/17/2016	PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Professional Liability				10/18/2015	10/18/2016	1,000,000	Each Claim
							3,000,000	Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### Evidence of Insurance

CERTIFICATE HOLDER CANCELLATION

 <b>MDXHA-1</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>President</i>

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# **Attachment C**

**CARF Accreditation Letter**

**&**

**ADAD Accreditation Letter**



June 24, 2014

Marie B. Hughes, M.A.  
The Alcoholic Rehabilitation Services of Hawaii dba Hina Mauka  
45-845 Po'okela Street  
Kaneohe, HI 96744

Dear Ms. Hughes:

It is my pleasure to inform you that The Alcoholic Rehabilitation Services of Hawaii dba Hina Mauka has been accredited by CARF International for a period of three years for the following programs:

Case Management/Services Coordination: Alcohol and Other Drugs/Addictions (Adults)  
Case Management/Services Coordination: Integrated: AOD/MH (Adults)  
Day Treatment: Integrated: AOD/MH (Adults)  
Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)  
Prevention: Alcohol and Other Drugs/Addictions (Children and Adolescents)  
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Residential Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)  
Residential Treatment: Integrated: AOD/MH (Adults)  
Therapeutic Communities: Alcohol and Other Drugs/Addictions (Adults)  
Therapeutic Communities: Alcohol and Other Drugs/Addictions (Criminal Justice)

This accreditation will extend through May 2017. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of practice excellence.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation, and we encourage you to make this accomplishment known throughout your community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

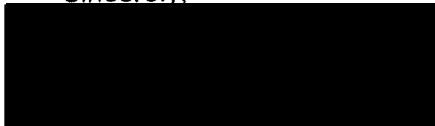
The survey report is intended to support a continuation of the quality improvement of your programs. It contains comments on your organization's strengths as well as suggestions and recommendations. A quality improvement plan (QIP) demonstrating your efforts to implement the survey recommendations must be submitted within the next 90 days to retain accreditation. Guidelines and the form for completing the QIP have been posted on Customer Connect (*customerconnect.carf.org*), our secure, dedicated website for accredited organizations and organizations seeking accreditation. Please submit the QIP to the attention of the customer service unit identified in the QIP instructions.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from the resource specialist, Emily Hosea, at [ehosea@carf.org](mailto:ehosea@carf.org) or extension 7193.

We encourage your organization to continue fully and productively using the CARF standards as part of your ongoing commitment to accreditation. We commend your commitment and consistent efforts to improve the quality of your programs. We look forward to working with your organization in the future.

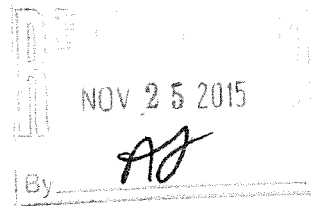
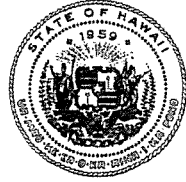
Sincerely,



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

aw  
Enclosures

DAVID Y. IGE  
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.  
DIRECTOR OF HEALTH

**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
**ALCOHOL AND DRUG ABUSE DIVISION**  
**KAKUHIHEWA BUILDING**  
601 Kamokila Boulevard, Room 360  
Kapolei, Hawaii 96707  
PH: (808) 692-7506  
FAX: (808) 692-7521

In reply, please refer to:  
File: DOH/ADAD

November 17, 2015

Alan Johnson,  
Chief Executive Officer  
C/o Sherrie Kinoshita  
Alcoholic Rehabilitation Services of Hawaii, Inc.  
Db a Hina Mauka  
45-845 Pookela Street  
Kaneohe, Hawaii 96744

Dear Mr. Johnson:

The Alcohol and Drug Abuse Division (ADAD) conducted an accreditation site visit to Alcoholic Rehabilitation Services of Hawaii, Inc. db a Hina Mauka on November 12, 2015. Hina Mauka has received a total score of 99.2% and has been awarded FULL ACCREDITATION for the period of December 1, 2015 through November 30, 2016. Enclosed is the Certificate of Accreditation. The State Office of Health Care Assurance (OHCA), State Department of Human Services/Benefit, Employment & Support Services Division/SNAP (formerly known as Food Stamp Program), and the United States Department of Agriculture (USDA)/Food and Nutrition Service will be informed of the program's accreditation status.

ADAD's accreditation review is based on Hawaii Revised Statutes (HRS) §321-192 (Substance abuse program), HRS §321-193 (Duties and responsibilities of health department), HRS §321-198 (State funding of substance abuse agencies) and Hawaii Administrative Rules (HAR), Title 11, Department of Health, Chapter 98 (Special Treatment Facility). Critical standards are marked with an asterisk (\*). Full or partial compliance for all critical standards is required for accreditation. ADAD's recommendations, observations, and/or suggestions are as follows:

- \*42d. Regular review and necessary update by staff and [client] at least monthly.  
[Chapter 98-12(8) (D)] Monthly observations of the [client's] response to the rehabilitation plan; [Chapter 98-12(9)] Note: For accreditation, this refers to treatment or service plan updates which document client progress.

Alan Johnson  
Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka  
November 17, 2015  
Page 2

Client records were reviewed to ensure regular review and update by staff at least monthly:

BAKO0910941: Individual Treatment Plans do not appear to be reviewed and updated at least monthly.

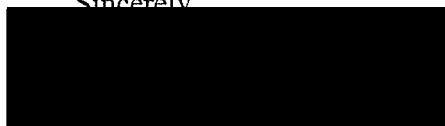
KXFU0610951: Individual Treatment Plans do not appear to be reviewed and updated at least monthly.

***Recommendation:*** Individual Treatment Plans are to be reviewed and updated by staff and client at least monthly. Program should consider implementing additional quality assurance checks to ensure treatment plans are being on a monthly basis at minimum.

Unless specified as part of a plan for corrective action above, corrections for all items will be expected in preparation for the program's next annual accreditation site visit. Please submit your annual application for accreditation renewal with all supporting documents to ADAD by September 1, 2016. Do not include any protected health information. Documents containing protected health information will be reviewed on-site, at the time of the site visit.

We thank you and your staff for the courtesies extended to ADAD staff. Please contact Mardelle Gustilo, Accreditation Program Specialist, at (808) 692-7529 or via e-mail at [mardelle.gustilo@doh.hawaii.gov](mailto:mardelle.gustilo@doh.hawaii.gov) if you have any questions or if you would like to request a copy of the detailed Accreditation Review report.

Sincerely,



Edward Mersereau, LCSW, CSAC  
Chief, Alcohol and Drug Abuse Division

MG/

c: ADAD Accreditation File

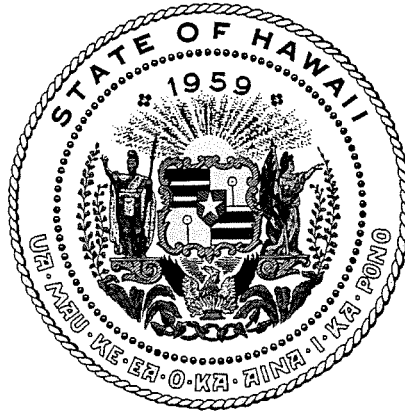


# **Attachment D**

**Certificate of Good Standing**

**&**

**Certificate of Vendor Compliance**



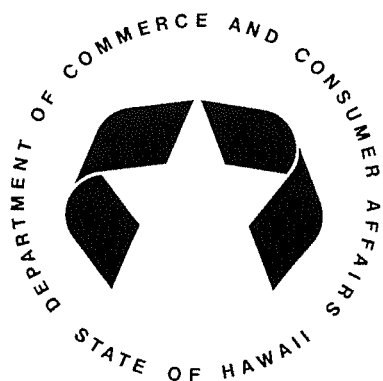
## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

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

THE ALCOHOLIC REHABILITATION SERVICES OF HAWAII, INC.

was incorporated under the laws of Hawaii on 11/16/1976 ;  
that it is an existing nonprofit corporation; and that,  
as far as the records of this Department reveal, has complied  
with all of the provisions of the Hawaii Nonprofit Corporations  
Act, regulating domestic nonprofit corporations.



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

Dated: January 20, 2016



Director of Commerce and Consumer Affairs



**STATE OF HAWAII  
STATE PROCUREMENT OFFICE**

**CERTIFICATE OF VENDOR COMPLIANCE**

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

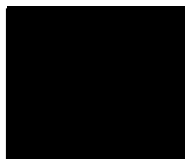
**Vendor Name: THE ALCOHOLIC REHABILITATION SERVICES OF HAWAII, INC.**

**DBA/Trade Name: Hina Mauka**

**Issue Date: 01/20/2016**

**Status: Compliant**

Hawaii Tax#:   
FEIN/SSN#:   
UI#:   
DCCA FILE#:



**Status of Compliance for this Vendor on issue date:**

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

**Status Legend:**

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
	The entity is not in compliance with the requirement and should contact the issuing agency for more information

Not  
Compliant

# **Attachment E**

## **Articles of Incorporation**

07/22/200820002

FORM DNP-5  
12/2006



FILED 07/21/2008 02:42 PM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii

l.com

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808) 586-2727

**AMENDED AND RESTATED ARTICLES OF INCORPORATION**  
(Section 414D-184, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting these Amended and Restated Articles of Incorporation, certify as follows:

- 1. The name of the corporation is:  
The Alcoholic Rehabilitation Services of Hawaii, Inc.
- 2. The Amended and Restated Articles of Incorporation adopted is attached.
- 3. The Amended and Restated Articles of Incorporation was adopted on: June 26, 2008  
(Month Day Year)

(Check one)

at a meeting of the *members*.

Designation (class) Of membership	Total Number of Memberships (votes) outstanding	Total Number of Votes Entitled to be Cast By each Class	Number of Votes Cast by each class For Amendment	Number of Votes Cast by each class Against Amendment
Board	Thirteen (13)	Thirteen (13)	Five (5)	None (0)

OR

by written consent of the *members* holding at least eighty per cent of the voting power.

OR

by a sufficient vote of the *Board of Directors* or *Incorporators* because member approval was not required.

4. Check one:

- The written approval of a specified person or persons named in the articles of incorporation was obtained.
- The written approval of a specified person or persons is not required.

5. The attached Amended and Restated Articles of Incorporation supersedes the original Articles of Incorporation and all amendments thereto.

The undersigned certifies under the penalties of Section 414D-12, Hawaii Revised Statutes, that the undersigned has read the above statements and that the same are true and correct.

Signed this 15th day of July, 2008

Alan Van Etten, Board President

(Type/Print Name & Title)



(Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE. The articles must be signed by at least one officer of the corporation.

07/22/200820002

## AMENDED AND RESTATED ARTICLES OF INCORPORATION

### I.

#### Name

The name of the corporation shall be THE ALCOHOLIC REHABILITATION SERVICES OF HAWAII, INC.

### II.

#### Principal Office

The principal office of the corporation shall be at such location determined by the Board of Directors.

### III.

#### Purposes

The corporation shall be organized exclusively for the following purposes:

- (1) To provide prevention, treatment and supportive recovery services to individuals, families and communities touched by alcoholism, chemical dependency, and related challenges.
- (2) To be organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any corresponding section of any future Internal Revenue law.

The corporation shall have all powers, rights, privileges and immunities permitted or provided to nonprofit corporations under Chapter 414D, Hawaii Revised Statutes, as amended, and all other applicable laws.

Notwithstanding any provision to the contrary herein contained, the corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax under Section 510(c)(3) of the Internal Revenue Code of 1986, as amended or by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, as amended. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

The corporation is not organized for profit and will not issue any stock and will pay no dividends. No part of the assets, income or earnings of the corporation shall inure to the benefit of, or be distributable to, its directors or officers. Notwithstanding the foregoing, the corporation

shall be authorized and empowered to pay reasonable compensation for services rendered, to make reimbursements for expenses actually incurred in service to the corporation and to make payments and distributions in furtherance of the purposes of the corporation.

IV.  
Duration

The duration of this corporation shall be perpetual.

V.  
Officers and Directors

(1) The business and affairs of the corporation shall be managed by a Board of Directors consisting of not less than five (5) persons and no more than twenty (20) persons. The initial directors of the corporation and their residence addresses are as follows:

<u>Name</u>	<u>Residence Address</u>
June Boranian	116 Opihikao Way Honolulu, Hawaii 96825
Ken Burtness	1205-A Mamalu Honolulu, Hawaii 96817
Rev. Ford Coffman	690 Old Makapu Road Kailua, Hawaii 96734
Allen E. Kaufman	327 Poipu Drive Honolulu, Hawaii 96825
Mary Lake	1303-C Kipaipai Street Pearl City, Hawaii 96782
Carl Muller	200 N. Vineyard, #603 Honolulu, Hawaii 96817

The qualifications and manner of election of the directors shall be as set forth in the Bylaws of the corporation.

(2) The officers of the corporation shall consist of such officers as shall be provided for in the Bylaws, with such qualifications, duties and powers as are provided for therein. The initial officers of the corporation and their residence addresses are as follows:



<u>Title</u>	<u>Name</u>	<u>Address</u>
President	June Boranian	166 Opihikao Way Honolulu, Hawaii 96825
Vice President	Allen E. Kaufman	327 Poipu Drive Honolulu, Hawaii 96825
Secretary- Treasurer	Mary Lake	1303-C Kipaipai Street Pearl City, Hawaii 96782

VI.  
Members

The corporation shall have no members.

VII.  
Dissolution

Upon the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a non-profit fund, foundation, or corporation, which is organized and operated exclusively for charitable, education, religious and/or scientific purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

VIII.  
Limitation of Liability

(1) No director of the corporation shall be personally liable to the corporation for any monetary loss or damage suffered by it on account of a breach of any of the director's duties to the corporation; provided, however, that such director's liability shall not be limited for: (a) any breach of the director's duty of loyalty to the corporation; (b) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (c) any transaction from which the director derived an improper personal economic benefit; or (d) any violations of the Hawaii Nonprofit Corporations Act relating to director conflicts of interest, loans to or guaranties for directors and officers, or director liability for unlawful distributions.

(2) No person who serves as a director or officer of the corporation without remuneration or expectation of remuneration shall be liable for damage, injury or loss caused by or resulting from the director or officer's performance of, or failure to perform duties of, the position to which the person was elected or appointed, unless the director or officer was grossly negligent in the performance of, or failure to perform, such duties. For purposes of this section,

remuneration does not include, and is not limited to, payment or reimbursement of reasonable expenses or the provision of indemnification or insurance for actions as a director or officer.

(3) The limitation of liability provided in subsections (1) and (2) of this Article shall be cumulative and not exclusive, and shall be independent of and in addition to each other and any other limitation of liability provided by law or in any other agreement. Any repeal, amendment or modification of this Article shall not affect the limitation of liability provided in this Article for any acts or omissions occurring prior to such repeal, amendment or modification. The limitation of liability provided for in this Article shall continue as to any person who has ceased to be a director or officer of the corporation and shall inure to the benefit of such person's heirs, personal representatives, executors and administrators.

# **Attachment F**

**Amended By Laws**

AMENDED BYLAWS  
DATED: MARCH 23, 2010

THE ALCOHOLIC REHABILITATION SERVICES OF HAWAII, INC.

ARTICLE I

PURPOSES AND NONPROFIT CHARACTER

Section 1. Purposes. The purposes of the corporation shall be as specifically set forth in the Articles of Incorporation.

Section 2. Nonprofit Character. The corporation shall be a nonprofit corporation, and any net income or earnings which may be derived from its operation shall not be distributed to any director or officer of the corporation except to pay reasonable compensation for services rendered to the corporation, to make reimbursements for expenses actually incurred in service to the corporation, and to make payments and distributions in furtherance of the purposes to the corporation.

Section 3. Nondiscrimination. The corporation shall admit, care, treat and counsel all persons without regard to race, gender, sexual orientation, age, religion, color, ancestry, disability, marital status, political affiliation, or arrest and court record.

ARTICLE II

OFFICES

Section 1. Principal Office. The principal office of the corporation shall be located within or without the State of Hawaii, as the board of directors shall determine. The corporation may have such other offices, either within or without the State of Hawaii, as the board of directors may designate or as the business of the corporation may so require.

Section 2. Registered Agent and Office. The corporation shall maintain a registered office and a registered agent in the State of Hawaii. The registered office may, but is not required to, be identical with the principal office.

ARTICLE III

MEMBERS

The corporation shall have no members.

## ARTICLE IV

### BOARD OF DIRECTORS

Section 1. General Powers. The business and affairs of the corporation shall be managed by its board of directors.

Section 2. Number and Tenure. The authorized number of directors shall be not less than five (5) persons and not more than twenty (20) persons. The number of directors for the ensuing year shall be fixed by the directors of the corporation at each annual meeting. Each director shall hold office for a term of three (3) years and thereafter until his or her successor shall have been duly elected and qualified. Notwithstanding the foregoing, directors may be elected to terms of less than three (3) years in order to achieve, as nearly equal as possible, the expiration of the terms of one-third (1/3) of the directors each year. A director may not be elected to more than three (3) consecutive terms of three (3) years, unless otherwise approved by two-thirds (2/3) of the directors present at a meeting. Upon reaching such term limit, a director may be reelected if such director has not been a member of the board of directors for at least one (1) year.

Section 3. Composition and Election. The board of directors shall recruit members who are representative of the specific cultures and populations being served by the corporation and/or who reflect a wide range of community interest groups related to alcoholism and other forms of substance abuse. The directors shall be elected by the board of directors at the annual meeting of the directors or at a special meeting of the directors held for that purpose.

Section 4. Meetings. The board of directors may hold regular or special meetings at the principal office of the corporation or such other place within or without the state of Hawaii as may be designated by the board of directors. Meetings may be called by the chairperson of the board or a majority of the other directors. Any meeting of the board of directors, regular or special, may be held by conference telephone or similar communication equipment, so long as all directors participating in the meeting can communicate with one another, and all such directors shall be deemed to be present in person at the meeting.

Section 5. Notice. Regular meetings of the board of directors may be held without notice of the date, time, place, or purpose of the meeting. Special meetings shall be preceded by at least five (5) days written notice of the agenda, date, time, and place of meeting. The written agenda for the special meeting shall be provided in detail and the special meeting shall be limited to the agenda items specified in the notice. Such notice shall be given by or at the direction of the chairperson of the board or other persons calling the meeting. Such notice shall be delivered in person, by telephone, by mail or by electronic transmission to each director. Oral notice is effective when communicated. If mailed, notice shall be deemed to be delivered when deposited in the United States mail, postage prepaid, addressed to the director at the director's address as it appears on the records of the corporation. Notice given by electronic transmission shall be deemed given (i) when directed to an electronic mail address provided by the director, if transmitted by electronic mail, (ii) when directed to a number provided by the director, if transmitted by facsimile telecommunication, and (iii) when directed to the director, if transmitted by any other form of electronic transmission. Any director may waive notice of any meeting

provided such waiver is made in writing and signed by the director entitled to the notice or is transmitted by electronic transmission, and delivered to the corporation for inclusion in the minutes or corporate records. The attendance of a director at a meeting shall constitute a waiver of notice of such meeting, except where a director at the beginning of the meeting or prior to the vote on any matter not noticed in conformity with law, these Bylaws, or the Articles of Incorporation, objects to lack of notice and does not thereafter vote or assent to the objected to action.

Section 6. Quorum. At any meeting of the board of directors, one-third (1/3) of the number of directors in office immediately before the meeting shall constitute a quorum for the transaction of business at such meeting, provided that the Chairperson, one of the Vice Chairpersons or the Secretary is one of the directors constituting the quorum. The affirmative vote of the majority of the directors present at any meeting at which there is a quorum shall be valid as an act of the board of directors, except as otherwise provided by law, these Bylaws, or the Articles of Incorporation.

Section 7. Action Without a Meeting. Any action required or permitted to be taken by the board of directors at a meeting may be taken without a meeting if all directors (i) execute a consent in writing setting forth the action to be taken, or (ii) transmit an electronic transmission consenting to the action to be taken. The consent shall be included in the minutes or filed with the corporate records reflecting the action taken. Action taken under this Section is effective when the last director signs the consent or gives consent by electronic transmission, unless the consent specifies a different effective date.

Section 8. Proxies. Voting by proxy shall not be permitted at any meeting of the board of directors or of any committees or bodies created by the board of directors.

Section 9. Removal and Resignation. The entire board of directors or any individual director may be removed from office, with or without cause, by a two-thirds (2/3) vote of the entire board of directors at a meeting called for that purpose, provided, however, that any director may be removed by a majority of the board of directors present at a meeting if a director fails to attend at least fifty percent (50%) of the board meetings in any calendar year. Any director may resign at any time by giving written notice to the board of directors or to the chairperson of the board or secretary of the corporation. Any such resignation shall take effect at the date of the receipt of such notice; or at any later time specified therein; and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Section 10. Vacancies. Any vacancy occurring in the board of directors may be filled by the board of directors or, if the directors remaining in office constitute less than a quorum, by the affirmative vote of a majority of the remaining directors. A director elected to fill a vacancy shall serve until the next election of directors.

Section 11. Compensation. The directors shall not receive any salary or other compensation for their services as directors of the corporation, provided, however, that the foregoing shall not prohibit the payment of any salary or compensation to a director for services other than as a director.

## ARTICLE V

### COMMITTEES

Section 1. Board Committees. There shall be three (3) standing committees of the board: Internal Affairs, External Affairs and Governance consisting solely of directors. By resolution adopted by a majority of the directors in office, the board of directors may designate and create additional board committees and appoint members of the board of directors to serve on them with a minimum of two (2) directors serving on each committee. A committee shall have such powers and authority as the board of directors shall delegate to it, except that no such committee shall have the power to do any of the following:

- (a) Authorize the payment of a dividend or the distribution of any part of the income or profit of the corporation to the directors or officers;
- (b) Approve the dissolution or merger of the corporation or the sale, pledge, or transfer of all or substantially all of the corporation's assets;
- (c) Elect, appoint, or remove directors or fill vacancies on the board or any of its committees; or
- (d) Adopt, amend, or repeal the Articles of Incorporation or Bylaws.

The designation of a committee and the delegation to it of authority shall not relieve the board of directors, or any member of such, of any responsibility imposed by law.

Section 2. Advisory Committees. By resolution adopted by a majority of the directors in office, the board of directors may designate and create one or more advisory committees, each of which shall consist of at least one director and such other persons appointed by the board. Such advisory committees shall provide advice to the board of directors but shall have no power or authority to act on behalf of the corporation.

## ARTICLE VI

### OFFICERS

Section 1. Designation. The volunteer officers of the corporation shall be a chairperson of the board, a vice chairperson of the internal affairs committee of the board, a vice chairperson of the external affairs committee of the board, a vice chairperson of the governance committee, a secretary and such other volunteer officers the board shall from time to time appoint. The staff officers of the corporation shall be a chief executive officer, a chief financial officer, a chief administrative officer and such other staff officer positions as the board shall from time to time approve. Any two (2) or more offices may be held by the same person.

Section 2. Election and Term of Office. The volunteer officers of the corporation shall be appointed by the board of directors at the annual meeting of the board of directors or at such other times as the board of directors may deem appropriate. Each volunteer officer shall

hold office for a term of one (1) year or until his or her successor shall have been duly appointed, until his or her death, or until he or she shall resign or shall have been removed by the board of directors. The chief executive officer shall be appointed by the board of directors. The remaining staff officers shall be appointed by the chief executive officer. Each staff officer shall hold office until his or her successor shall have been duly appointed, until his or her death, or until he or she shall resign or shall have been removed.

Section 3. Removal and Resignation. The chief executive officer and any volunteer officer may be removed by the board of directors at any time, but such removal shall be without prejudice to the contract rights, if any, of the person so removed. Any staff officer (other than the chief executive officer) may be removed by the chief executive officer at any time. Appointment of an officer shall not of itself create contract rights. Any officer may resign at any time by delivering written notice to the board of directors or the chief executive officer. Any such resignation shall take effect at the date of the receipt of such notice or at any later time specified therein.

Section 4. Vacancies. Any vacancy in the office of any volunteer officer or chief executive officer because of death, resignation, removal, disqualification, or otherwise may be filled by the board of directors for the unexpired portion of the term, in a manner consistent with any succession plan approved by the board of directors. Any vacancy in the office of any staff officer (other than the chief executive officer) because of death, resignation, removal, disqualification, or otherwise may be filled by the chief executive officer.

Section 5. Chairperson of the Board. The chairperson of the board when present shall preside at all meetings of the board of directors. The chairperson of the board shall perform all duties incident to the office of chairperson of the board and such other duties as may be prescribed by the board of directors from time to time.

Section 6. Vice Chairpersons of the Board. In the absence of the chairperson of the board or in the event of his or her death, inability, or refusal to act, any of the standing vice chairpersons of the board shall perform the duties of the chairperson of the board and when so acting shall have all the powers of and be subject to all the restrictions upon the chairperson of the board. The standing vice chairpersons of the board shall perform such duties as from time to time may be assigned to him or her by the board of directors.



Section 7. Secretary. The secretary shall prepare and keep the minutes of the proceedings of the board of directors in one or more books provided for that purpose, see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law, be custodian of the corporate records, be responsible for authenticating records of the corporation, and in general perform all duties incident to the office of secretary and such other duties as from time to time may be assigned to the secretary by the chairperson of the board or by the board of directors. In the absence of the chairperson of the board or any of the vice chairpersons of the board for any meeting of the board of directors, or their inability or refusal to act, the secretary shall perform the duties of the chairperson of the board and when so acting shall have all the powers of and be subject to all the restrictions upon the chairperson of the board.

Section 8. Chief Executive Officer. The chief executive officer shall be the principal executive officer of the corporation and shall, subject to the direction of the board of directors, have general supervision and control of the business and affairs of the corporation. The chief executive officer may sign contracts, agreements or other instruments which the board of directors has authorized to be executed, except in cases where the signing and execution of such shall be expressly delegated by the board of directors to some other officer or agent of the corporation, or shall be required by law to be otherwise signed or executed.

Section 9. Chief Financial Officer. The chief financial officer shall have charge and custody of and be responsible for all funds and securities of the corporation, receive and give receipts for monies due and payable to the corporation from any source whatsoever, and deposit all such monies in the name of the corporation in such banks, trust companies, or other depositories.

Section 10. Chief Administrative Officer. The chief administrative officer shall be responsible for administrative aspects of the corporation, and shall otherwise perform such duties as may be assigned by the chief executive officer.

Section 11. Other Officers. The board of directors may from time to time create such additional officer positions, and the chief executive officer may fill such positions (except for volunteer officer positions), as the business of the corporation may require.

## ARTICLE VII

### CONTRACTS, CHECKS, DEPOSITS AND FUNDS

Section 1. Contracts. The board of directors may authorize the chairperson of the board, the chief executive officer and/or any other officer or officers, agent or agents of the corporation to enter into any contract or to execute and deliver any document, instrument, or writing of any nature in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances.

Section 2. Checks, Drafts, etc. All checks, letters of credit, drafts, or orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the corporation shall be signed by the chairperson of the board, the chief executive officer and/or such other officers or agents of the corporation and in such manner as shall be determined from time to time by the board of directors. In the absence of such determination by the board of directors, the instruments shall be signed by the chief executive officer.

Section 3. Deposits. All funds of the corporation shall be deposited to the credit of the corporation in such banks, trust companies, or other depositories as the board of directors may select.

Section 4. Gifts. The board of directors may accept on behalf of the corporation any contribution, gift, bequest, or devise for the general purposes or for any special purpose of the corporation.

## ARTICLE VIII

### BOOKS AND RECORDS

Section 1. Corporate Records. The corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its board of directors, and committees having any of the authority of the board of directors. The corporation shall keep a copy of the following records at its principal office:

- (a) Articles of Incorporation and all amendments currently in effect;
- (b) Bylaws and all amendments currently in effect;
- (c) Minutes of all meetings of directors and records of all actions approved by the board of directors for the past three years;
- (d) Annual financial statements for the past three years;
- (e) A list of the names and addresses of its current directors and officers; and
- (f) The most recent annual report filed with the Director of the Department of Commerce and Consumer Affairs.

Section 2. Inspection of Corporate Records. The records required to be kept at the corporation's principal office set forth in Section 1 of this Article, and any other records as required by law, shall be open to inspection at a reasonable time upon written demand of any director providing notice of five (5) business days or more.

## ARTICLE IX

### INDEMNIFICATION

Section 1. Indemnification. To the fullest extent permitted by Hawaii law, the corporation shall indemnify each director and officer of the corporation who is or was a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative and whether formal or informal, because such person is or was a director or officer of the corporation, against all expenses (including reasonable attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by him or her in connection with such action, suit or proceeding. The corporation may indemnify current and former employees and agents of the corporation to the extent permitted by Hawaii law.

Section 2. Advances for Expenses. The corporation shall advance funds to pay for or reimburse the reasonable expenses and attorneys' fees incurred by a director or officer before final disposition of an action, suit or proceeding, provided that such person delivers a written affirmation of such person's good faith belief that such person has met the requisite standard of conduct for indemnification and delivers a written undertaking to repay such amount if it is ultimately determined that such person did not meet the standard of conduct. The board of directors may authorize payment in advance of final disposition of an action, suit or proceeding for the reasonable expenses and attorneys' fees incurred by an employee or agent seeking indemnification under this Article, provided that such employee or agent delivers the affirmation and undertaking described in the previous sentence.

Section 3. Continuing Indemnification. The indemnification provided for in Sections 1 and 2 of this Article shall be cumulative and not exclusive, and shall be in addition to any other indemnification provided by law or by any other agreement. Any repeal, amendment or modification of this Article shall not affect the indemnification provided in this Article for any acts or omissions occurring prior to such repeal, amendment or modification. The indemnification provided for in this Article shall continue as to any person who has ceased to be a director, officer or employee of the corporation and shall inure to the benefit of such person's heirs, personal representatives, executors and administrators.

## ARTICLE X

### AMENDMENTS

These Bylaws may be altered, amended, or repealed and new bylaws may be adopted by the board of directors at any regular or special meeting.

**CERTIFICATION**

The undersigned, being the duly elected, qualified and acting secretary of the corporation, does hereby certify that the foregoing bylaws were duly adopted by board of directors of the corporation on March 23, 2010, and are in full force and effect as of the date hereof.

Dated: March 23, 2010



\_\_\_\_\_  
Secretary

# **Attachment G**

## **Board of Director Listing**

# Hina Mauka Board of Directors

<b>Name</b>	<b>Office</b>	<b>Affiliation</b>
Karen Schultz	Chair	Queen's Medical Center
Kendall Wong	Vice Chair, Internal Affairs Committee	First Hawaiian Bank
Michael Matsumoto	Vice Chair, External Affairs Committee	SSFM International, Inc.
Colin Lau	Secretary and Vice Chair, Governance Committee	Imperial Associates
Alan Johnson	President & Chief Executive Officer	President & CEO, Hina Mauka
Debbie Apolo		American Lung Association of Hawaii
Signe Godfrey		Olsten Staffing Services (Ret.)
Curtis Harada		Hawaiian Electric Industries
Robert Iopa		WCIT Architecture
Celia Ona		Tripler Army Medical Center
Kenneth Luke		Hawaii Medical Services Association
Wendell Murakawa		Public Safety Department (Ret.)

# **Attachment H**

**Organizational Wide Org. Chart**

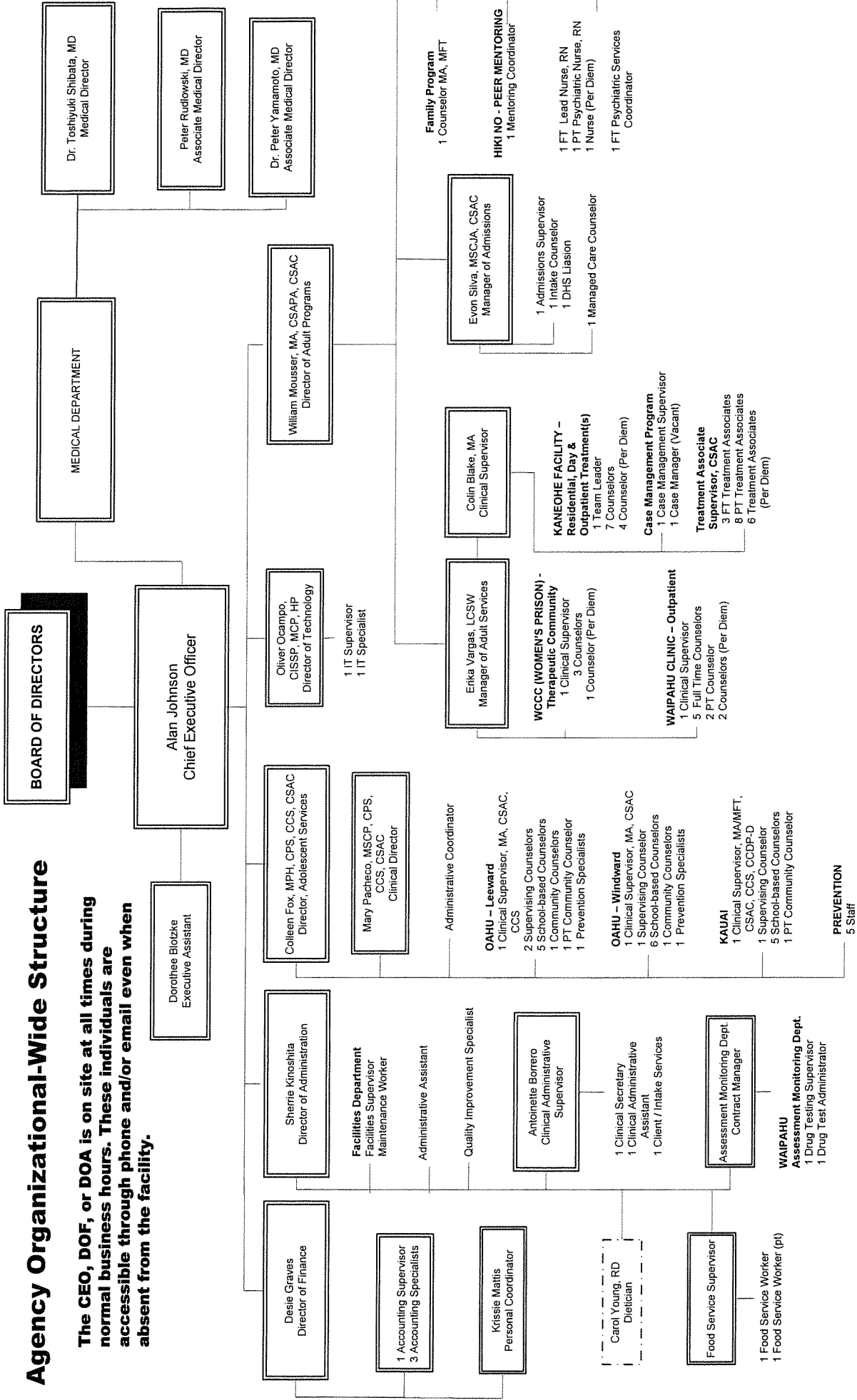
**&**

**Project Specific Org. Chart**

# Hina Mauka Organizational Chart

## Agency Organizational-Wide Structure

The CEO, DOF, or DOA is on site at all times during normal business hours. These individuals are accessible through phone and/or email even when absent from the facility.





# Hina Mauka - Kaneohe Clinical Organizational Chart

