

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Db:

United Self Help

Amount of State Funds Requested: \$ 310,000.00

Brief Description of Request (Please attach word document to back of page if extra space is needed):

This request is to provide Peer-to-Peer mentoring for individuals coping with mental health and homelessness. Peer-to-Peer mentoring is an evidence based nationally recognized component of the mental health continuum of care. It provides specialized support between peers that enhances and sustains recovery and community tenure in a way that enhances formalized treatment. This GIA will provide resources for United Self Help to expand its successful outreach, groups and other activities to assist the state's efforts to address incidence of mental health and homelessness.

Amount of Other Funds Available:

State: \$ 120,000.00 (SFY 2023)

Federal: \$ _____

County: \$ _____

Private/Other: \$ \$20,000.00 (donations fy23)

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 406,000 (over last 5 yrs)

Unrestricted Assets:

\$ 46,000.00

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

- 501(C)(3) Non Profit Corporation
 Other Non Profit
 Other

Mailing Address:

310 Paoakalani Ave

City: Honolulu State: Hi Zip: 96815

Contact Person for Matters Involving this Application

Name:
William S. Bowles, MSW

Title:
Executive Director

Email:
director@unitedselfhelp.org

Phone:
808-947-5558

Federal Tax ID#:

State Tax ID#

William S. Bowles

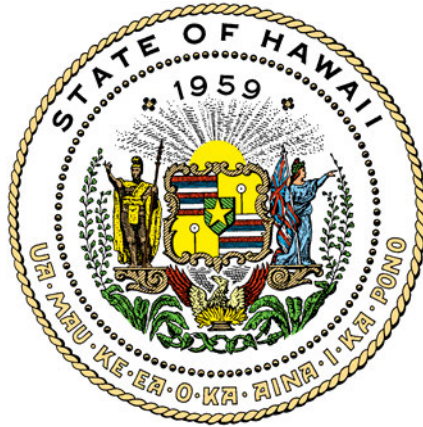
Authorized Signature

William S. Bowles, Executive director

Name and Title

1/19/23

Date Signed



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

UNITED SELF-HELP

was incorporated under the laws of Hawaii on 02/25/1987 ; 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 13, 2023

Director of Commerce and Consumer Affairs



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

The undersigned authorized representative of the applicant certifies the following:

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

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

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

United Self Help

(Typed Name of Individual or Organization)

William S. Bowles

(Signature)

1/17/2023

(Date)

William S. Bowles

(Typed Name)

Executive Director

(Title)

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
 - c) Equipment and motor vehicles ([Link](#))
 - d) Capital project details ([Link](#))
 - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing

William S. Bowles

WILLIAM "BUD" BOWLES, MSW, HCPS
EXECUTIVE DIRECTOR

1/19/23

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE



United Self-Help
Hawaii's only consumer-run mental health organization

310 PAOAKALANI AVENUE
HONOLULU, HI 96815
808-947-5558
www.unitedselfhelp.org

Response to:
STATE Grant in AID 2024

State of Hawaii
House of Representatives Committee on Finance
Senate Committee on Ways and Means
415 S. Beretania Street, Honolulu, HI 96813 Attn: GIA,
GIATestimony@Capitol.hawaii.gov

Contact Information:
Bud Bowles, MSW, HCPS, Executive Director
director@unitedselfhelp.org
(808) 947-5558

Application for Grants

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

I. Certification – Please attach immediately after cover page

1. 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, 2022.

Certificate of Good Standing Attached

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with [Section 42F-103, Hawaii Revised Statutes](#).

Signed Declaration Statement Attached

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to [Section 42F-102, Hawaii Revised Statutes](#).

This grant will be used for a public purpose to provide expanded Peer to Peer support and recovery mentoring activities for individuals who suffer from mental health, substance use, and homelessness.

II. 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;

United Self Help (USH) remains the *only* autonomous Peer-to-Peer support and mentoring entity in the State of Hawaii. Founded “by consumers, for consumers” in 1984, the USH purpose and goal has been to create a fully “consumer managed” organization that fosters empowerment, engagement, and peer supported recovery.

As a 501 (c) 3 not-for-profit, USH is 100% administrated, controlled and operated by individuals who are self-identified as being in recovery from mental illness. Additionally, the USH Board of Directors is made up of 51% of individuals in recovery from, and successfully managing mental illness in their personal lives.

On a statewide basis, USH enlists consumers to help other consumers on an ongoing basis. The USH consumer network consists of over 500 active members and conducts over 25 support groups and activities each year. Our membership is representative of the diverse consumer population in Hawaii and USH serves a diverse range of individuals and families including Native Hawaiians and other Pacific Islanders, Asians, women, veterans, homeless, and ex-offenders.

Many of the people USH serves are those who are reluctant to engage in more traditional mental health services and programs that the state provides due to distrust, disenfranchisement, and negative experiences with such programs. In this way, USH provides a vital and evidence-based component of the mental health continuum for the State of Hawaii.

We believe that peer mentoring and support is a low-cost, high return component of the system that supports those consumers who are most disenfranchised by the more formal components of the Hawaii mental health system. National studies have well proven the notion that, peer mentoring is often the determining factor in overall success of the system if integrated well and supported by the formal mental health system. Further, that there is no substitute for the benefits of peer support in achieving long-term and sustained recovery.

2. The goals and objectives related to the request;

There are three primary goals related to this grant-in-aid (GIA) request:

First, USH seeks to expand its ability and capacity to support up to 500 individuals in the state who are coping with mental illness, substance use and homelessness through peer outreach and support.

Second, USH seeks to support long-term and sustained mental health recovery through consistent and healthy engagement between and amongst peers thereby filling the present “gap” that formalized mental health programs and services are not equipped to address on a long-term basis. This includes peer outreach, supported employment, social engagement activities, assistance with community linkages, support with obtaining and maintaining health care and other basic service connections, and relapse prevention.

Third, USH seeks to increase and strengthen its active partnership with the state’s mental health and homeless care system by providing comprehensive peer support services in a manner that supplements and enhances state

managed programs and services which reduces overall costs of mental health care to the state across the board.

The primary objective of this request is to:

Contribute to the increased efficacy of the overall mental health care continuum in Hawaii in a manner that maximizes and capitalizes on what is known to be the single most important component of successful mental health treatment and recovery, and positive social engagement with peers.

Indeed, evidence shows that the majority of relapse happens within the first 3-6 months after formalized treatment ends. This statistic is widely attributed to a lack of an engaged and supportive peer support system. We believe that the current struggles of Hawaii's mental health care system to address relapse is because formalized treatment providers and state managed programs do not have the capacity to implement and assure effective and autonomous supports.

Additional objectives include:

- Reduce stigma and promote peer empowerment.
- Increase USH member outreach capacity by 500 non-duplicated individuals.
- Increase the number of regularly held peer support/education/engagement groups by at least 8 additional groups per month – including use of the nationally recognized BRIDGES 10-week Course (Building Recovery and Individual Dreams and Goals through Education and Support).
- Increase the number of USH's certified peer mentoring staff by 5.
- Increase training and supervision for 5 peer mentors.
- Increase social media-based peer engagement efforts to reach a broader number of consumers regularly.

3. The public purpose and need to be served;

The public purpose of this request is to help reduce the negative impact on Hawaii communities related to rampant homelessness and the prevalence of untreated or under-treated individuals who are struggling with mental illness and substance abuse through Peer-to-Peer support and mentoring.

Hawaii continues to flounder in fulfilling its statutory mandate regarding the mental health care system as outlined in Hawaii statute:

§334-2 Mental health system. The department of health shall foster and coordinate a comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse, to treat and rehabilitate the

victims in the least restrictive and most therapeutic environment possible, and to provide treatment and care for homeless individuals with serious and persistent mental health challenges to enable them to reside in a permanent dwelling unit or homeless facility, as defined in section 346-361. The department shall administer such programs, services, and facilities as may be provided by the State to promote, protect, preserve, care for, and improve the mental health of the people. [L 1967, c 259, pt of §1; HRS §334-2; am L 1984, c 218, §2; am L 2016, c 186, §3]

While the last several years has seen wide legislative support and a marked increase of funding and resources allocated by the legislature for purposes of fulfilling this mandate, it is arguable that there have not been significant reductions in the “incidence of mental or emotional disorders and substance abuse” during that same period. Indeed, in many areas, there is evidence that the incidences of mental health and homelessness in our community is increasing. Further, a “coordinated and comprehensive mental health system” continues to be an elusive outcome.

There are many circumstances and situations that could be pointed to as a basis for these struggles. However, USH asserts that one very valid reason is that the peer support and mentoring component of the overall continuum of care has been undervalued, under implemented and under resourced. USH contends that this critical gap in the Hawaii mental health continuum of care is a “low cost – high return” investment. We are confident that we can help fill the need of a comprehensive and robust peer support network for the state that would enhance the efficacy of formal treatment approaches.

SAMHSA (Substance Abuse and Mental Health Services Administration), the federal body that oversees substance abuse and mental health grants and programing nationally makes this statement about Peer Support/Peer Mentoring:

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.

Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

Additionally, a wide body of evidence shows that integrated Peer Support/Peer Mentoring:

- Reduces hospital admission rates and longer periods of community tenure between admissions (Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, MarNn, Chan, & Jenson, 2005; Min, Whitecra>, Rothbard, Salzer, 2007)
- Decreased prevalence of psychotic symptoms, substance use, and depression (Davidson, et al., 2012)
- Increased overall social functioning (Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochoka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001)
- Increased consumer sense that formal treatment is responsive and inclusive and results in increased engagement in self-care and wellness (Davidson, et al., 2012)

Some of the benefits of investing in this important component of the continuum of care include:

- Low cost – High return – the support that a peer mentor can fills gaps that no formalized treatment approach is able to address. When integrated well as a valued component of the continuum, peer mentoring has actually been shown to enhance formal treatment interventions and significantly improve short and long term outcomes.
- Effective peer mentoring exponentially increases the prevalence of sustained recovery and community tenure.
- As a well implemented component of the continuum of care, peer mentoring can become self-perpetuating in its growth. As individuals attain sustainable recovery assisted by peer mentoring, many choose to become peer mentors themselves who in turn can mentor others.
- Peer mentoring perpetuates positive community and social engagement in a way that formalized treatment is incapable of doing.

Examples of the impact of not investing in expanding peer support networks include:

- Continued low outcomes and low efficacy of the current system of care for mental health and homelessness.
- Increased expense to the state in relation to high relapse, revolving door hospital admissions, limitations in comprehensive interventions.
- Continued disenfranchisement of consumers who become increasingly resistant to formalized treatment systems and approaches.
- Continued prevalence of highly visible and disruptive homelessness and mentally ill in the community.
- Limitations of the formal treatment system will remain unaddressed.

4. Describe the target population to be served; and

The target population of this GIA request is any adult individual suffering from a mental illness with no limitation due to race, religion, sexual identity, etc.

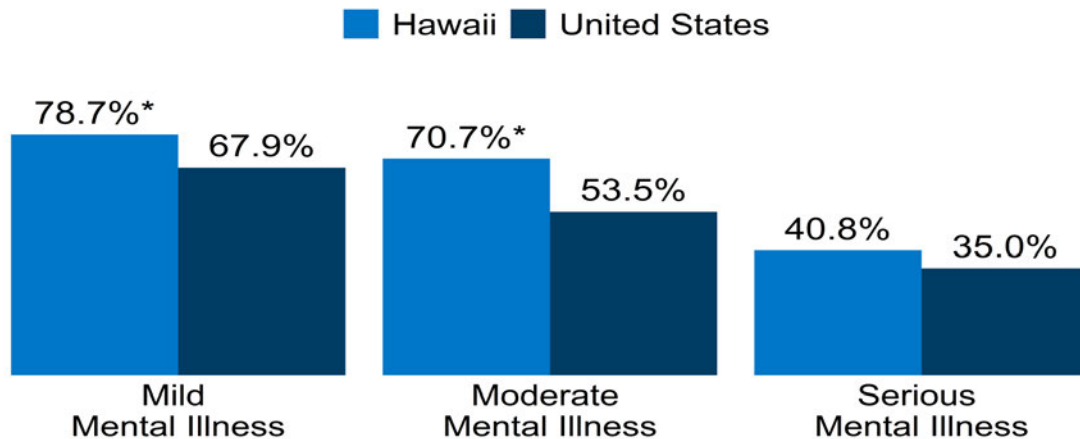
Within that broad parameter, USH seeks to focus specifically on engaging 500 unduplicated individuals within the following two groups:

- 1) Those individuals who are in early recovery who would benefit from peer support to sustain recovery and community tenure; and
- 2) Those individuals who may be struggling with successful adherence in relation to formalized treatment alone.

According to a survey by the Kellogg Family Foundation (KFF), the prevalence of mental illness has significantly increased due to COVID. The survey found that Hawaii rates of anxiety and/or depression was 32.5% of the population in Hawaii. This is starkly contrasted to the national rate of 31.6%.

The data also shows that the rates of Hawaii adults with mental illness who did not receive treatment out pace national rates:

Adults with Mental Illness in Past Year Who Did Not Receive Mental Health Treatment, 2018-2019



NOTE: * Indicates a statistically significant difference from the U.S.
Data represents adults ages 18+.
SOURCE: KFF analysis of SAMHSA's restricted online data analysis system, National Survey on Drug Use and Health 2018-2019.

KFF

USH seeks to support the state's efforts via this GIA to reduce these rates through our peer support and peer mentoring efforts aimed at the target groups discussed above.

5. Describe the geographic coverage.

The primary geographic area for the planned activities in this request is primarily the Island of Oahu. If awarded – USH would also work to establish at least two (2) monthly groups on Hawaii Island, Maui, and Kauai by the end of the contract year.

III. 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.

The scope of work covered by this GIA will consist of face to face and telephonic peer engagement with individuals within the two focus areas described in II-4 above. Work will be done by certified peer specialists who are in active recovery themselves. Peer mentoring activities will include individual and group encounters with other individuals who are coping with mental illness.

Tasks will include:

- Initial peer engagement with individuals in the community through three (3) main avenues.
- Community outreach.
- Peer referral/invitation via mailing lists, media, and community referrals.
- Referrals from formal treatment providers.
- Engagement will consist of at minimum one (1) individual and one (1) peer group encounter per month for each peer network member at an overall engagement rate of 80%.
- Provide monthly peer mentor supervision.
- Provide monthly peer mentor training using nationally recognized, evidenced-based curriculum.

The responsibilities of this project will include:

- Assuring peer mentoring is always delivered in an appropriate and responsive manner.
- Continuing to engage community partners and other stakeholders of the mental health continuum of care.
- Collecting data outcomes from engaged individuals via satisfaction surveys.
- Reporting data and outcomes of the project to the legislature.

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

USH proposes an 18-month timeline for this GIA project request:

Month 1:

- Hire a peer mentor supervisor and a minimum of five (5) certified peer mentors (see budget request – these individuals have already been selected and have tentatively agreed to be hired).
- Verify initial survey and obtain final approval of the survey from the USH board. This survey will be used to track outcomes (see below).

Establish a Health Insurance Portability and Accountability Act (HIPAA) secured data base of project recipients (for data collection and reporting purposes).

- Finalize sites for support groups.

Month 1-3:

- Begin engaging consumers covered by the GIA project award (up to 500 new, unduplicated members).

Month 1-12:

- Provide individual and group peer to peer support encounters at a minimum of one (1) individual and one (1) group encounter for each participant.

Month 12 -18:

- Collate project data and prepare Report to Legislature.

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

USH will utilize robust continuous quality improvement (CQI) methodologies to evaluate program performance and ensure the quality of services and outcomes associated with this GIA request. This includes collecting program-level data on the number of clients admitted to and discharged from services, financial data on program income and expenditures, as well as staff satisfaction and supervision surveys. It also includes collecting client-level data on services received, treatment plans, program satisfaction, as well as psychosocial functioning and clinical symptom variations from intake, follow-up, and discharge. USH will compile the CQI into summary reports and disseminate this information to funding agency sponsors regularly.

Additionally, USH will monitor and improve the efficacy and effectiveness of services and outcomes through internal CQI planning and review processes. This includes monthly reporting and oversight from our Board of Directors, as well as annual review of agency policies, procedures, financial controls, and service delivery protocols.

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

The project survey will consist of a standard set of questions that the designee will use to track 3 key areas and will be provided at initial engagement and then again at month 12 of the project:

- Impact of peer mentoring on overall recovery sustainment and community tenure.
- Management of symptoms and engagement with formal treatment supports as indicated by the individual's treatment provider.
- Level of positive community engagement including housing, and employment.

Primary target outcomes tracked will be:

- 80% of members will report overall positive satisfaction with peer mentoring.
- 80% of members will report increased self-esteem and confidence in managing their illness.
- 70% of members will report reduced hospital visits for mental health related issues.
- 70% of members will report reduced length of stay for any hospital visit for mental health related issues.
- 70% of members will report increased adherence to medication and decreased severity of problematic symptomology.
- 70% of members will report reduced problematic substance use.

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds (Link)
 - b. Personnel salaries and wages (Link)
 - c. Equipment and motor vehicles (Link)
 - d. Capital project details (Link)
 - e. Government contracts, grants, and grants in aid (Link)

2. The applicant shall provide its anticipated quarterly funding requests for the Fiscal Year 2024.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$77,500.00	\$77,500.00	\$77,500.00	\$77,500.00	\$310,000.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2024.

See Attached (GOVERNMENT CONTRACTS, GRANTS AND /OR GRANTS IN AID)

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.

Not Applicable

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2024 for program funding.

See Attached (GOVERNMENT CONTRACTS, GRANTS AND /OR GRANTS IN AID)

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2022.

See Attached (GOVERNMENT CONTRACTS, GRANTS AND /OR GRANTS IN AID)

V. Experience and Capability

1. 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.

USH is Hawaii's only peer-run support and advocacy organization that is administratively controlled and operated by adults with serious mental illness (SMI). In addition, the Board of Directors are more than 50% consumers. The

organization is guided by their mission statement: *helping people help themselves through education, advocacy, and support*. USH was officially incorporated in 1986 by mental health consumers to focus on social justice and self-help alternatives to traditional mental health treatment. The founders chose to publicly disclose their personal histories having received psychiatric treatment to advocate and support others in various stages of their own recovery. The founders believed, as we do today, that mental health consumers should have access to nonprofessional, non-coercive, self-directed services and supports that are consumer-driven, recovery-focused, and culturally relevant. As we mature and grow as an organization, we are incorporating new knowledge to ensure that our services are trauma-informed, holistic, culturally relevant, and resiliency-oriented. A core philosophical belief that guides everything is that adults with SMI or Co-Occurring Disorders (COD) can be givers as well as receivers of care, and that the best help comes from peers who have experienced the same situations and difficulties. We are committed to empowering adults with SMI, enabling them to take their place as equal partners with mental health and primary care providers.

Since 1986, USH has offered peer classes and support groups to thousands of consumers, manned a warm line that supports and counsels those dealing with mental health issues, the Fourth Friday Educational and social event, and worked to intervene on youth mental health at a significant time of their development by providing vital information and strategies to schools on “How to Stay Mentally Healthy”. Funds would enable us to strengthen and expand the geographical reach of our services as well as ensure their continuity. In addition, it would enable us to provide stipends to consumers and give them the dignity of earning a paycheck.

USH partners with:

- Hawaii State Department of Health, Adult Mental Health Division (AMHD), who advertises our programs and support groups. USH also refers clients to their crisis line for assessments.
- Mental Health Kokua hosts USH’s recovery classes (BRIDGES/ WRAP) at their boardroom on their site. They also provide referrals.
- Institute for Human Services by means of collaborative referral process.
- Waikiki Health Center, North Shore Mental Health and other case management agencies provide referrals to USH.
- Hawaii State Department of Health, Alcohol and Drug Abuse Division (ADAD) - prisoner reentry program.

As the State’s only peer-run program that is administratively controlled and operated by mental health consumers, we are acutely aware of and sensitive to the needs and emerging issues of adults with SMI or COD in Hawaii. We honor our members’ voices and employ various methods to engage members in

meaningful conversations that allow them to speak openly and honestly regarding issues and concerns that impact their lives. As a group, we continue to be marginalized and oppressed. Our complaints and criticisms of the local behavioral health system are often dismissed as unhealthy responses to our impairments. Many of our members, staff, and volunteers remain quiet out of fear of being involuntarily hospitalized; others remain guarded from sharing their honest appraisal of the system knowing the possibility of reprisal is real. Complex historical and intergenerational trauma prevents many of our members from advocating for themselves and their communities.

Our current experience is peer mentoring prison inmates who have maxed out of Hawaii's prisons. For ten years we have been given a grant from the Alcohol and Drug Abuse Division for picking up ex inmates, getting them food stamps, financial aid, bus pass, social security card, housing, job opportunities and other necessities in collaboration with other agencies. Last year USH mentored 192 former inmates.

2. 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.

USH is currently operating in offices and conference rooms at the Hawaii Self Storage. The facility offers a conference room in the management office, as well as two (2) 10 x 20 offices upstairs. For the last 30 years, USH also has had two (2) offices at the Waikiki Health Center. These offices provide spaces for a support group and a room for our computer support group and classes.

Our "Fourth Friday" social event is now at the Hongwanji Mission, 924 University Avenue. The social hall provides room for 100 consumers to eat, listen to a talk on recovery, and play bingo for gift certificates.

Other support groups are available at places USH would rent throughout the island.

VI. Personnel: Project Organization and Staffing

1. 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.

This GIA will cover staffing costs for the USH Director (50%), one (1) peer mentor supervisor (35 hours per week) and five (5) certified peer mentors (25 hours per week each).

Bud Bowles – Executive Director, MSW, CPRP, HCPS, provides overall supervision of the agency. Mr. Bowles has been managing support groups and group parties at USH for the last 22 years. For the last 10 years he has also assisted with the peer mentoring of inmates who max out.

The peer mentor supervisor and the five (5) peer mentors will be certified peer specialists and have a minimum of two (2) years sustained recovery.

Supervision and training will be conducted by the Program Director, the Peer mentor supervisor and by select board members who have medical and/or behavioral health experience

2. Organization Chart

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

See Attached

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

Executive Director - \$65,000.00 full time

Prison peer mentoring supervisor - \$45,784.00 part time

Peer mentor - \$8124.05 part-time

VII. Other

1. 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.

USH has no pending litigation to which we are a part, including any outstanding judgement.

2. 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.

AMHD peer mentoring certification (Executive Director, current Peer Mentor on staff)

3. 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.

Grant funds will not be used to support sectarian or non-sectarian private educational institution.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2023-24 the activity funded by the grant if the grant of this application is:

(a) Received by the applicant for Fiscal Year 2023-24, but

This GIA request will be for FY 2023-24

(b) Not received by the applicant thereafter.

In addition to this GIA, USH is exploring SAMHSA grants for the upcoming 5 years and working on getting credentialed to bill Medicaid for peer mentoring encounters. This option was recently added to Hawaii Medicaid.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2023 to June 30, 2024

Applicant: United Self Help

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	241,150			
2. Payroll Taxes & Assessments	15,600			
3. Fringe Benefits	1,200			
TOTAL PERSONNEL COST	257,950			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter Is and				
2. Insurance	5,000			
3. Lease/Rental of Equipment	4,800			
4. Lease/Rental of Space	32,000			
5. Staff Training	2,500			
6. Supplies	3,000			
7. Telecommunication	3,000			
8. Utilities	1,750			
9				
10				
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TOTAL OTHER CURRENT EXPENSES	52,050			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	310,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	310,000	William S Bowles 808-947-5558		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested		<i>William S. Bowles</i> 1/19/23		
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
TOTAL BUDGET	310,000	Executive Director Date		
		Name and Title (Please type or print)		

Applicant: United Self Help

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Executive Director	1	\$65,000.00	75.00%	\$ 48,750.00
Peer Mentor Supervisor	0.5	\$36,400.00	100.00%	\$ 36,400.00
Peer Mentor	0.5	\$31,200.00	100.00%	\$ 31,200.00
Peer Mentor	0.5	\$31,200.00	100.00%	\$ 31,200.00
Peer Mentor	0.5	\$31,200.00	100.00%	\$ 31,200.00
Peer Mentor	0.5	\$31,200.00	100.00%	\$ 31,200.00
Peer Mentor	0.5	\$31,200.00	100.00%	\$ 31,200.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				241,150.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2023 to June 30, 2024

Applicant: United Self Help

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2023 to June 30, 2024

Applicant: United Self Help

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2021-2022	FY: 2022-2023	FY:2023-2024	FY:2023-2024	FY:2024-2025	FY:2025-2026
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS Not Applicable						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: United Self Help

Contracts Total:

176,000

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	ASO LOG #21- 440-21-1 (current)	10/1/21 - 9/30/23	Dept. of Health, Alcohol and Drug Abuse Division (ADAD)	State	110,000 (yr1) 120,000 (yr2)
2					
3	ASO Log #20-148	8/1/19 - 9/30/21	Dept. of Health, Alcohol and Drug Abuse Division (ADAD)	State	176,000
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United Self Help Organizational Chart

