HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

ADMINISTRATIVE APPLICATION – CERTIFICATE OF NEED PROGRAM

Application Number 03-42A

Applicant: Catholic Charities Family Services
200 North Vineyard Blvd., Honolulu, HI
Phone: 808-536-1794

Project Title: Establishment of an 5 bed Special Treatment Facility

Project Address: 92-218 Awaawahea Way, Kapolei, HI

1. **TYPE OF ORGANIZATION**: (Please check all applicable)

Public	____
Private	____
Non-profit	____
For-profit	____
Individual	____
Corporation	____
Partnership	____
Limited Liability Corporation (LLC)	____
Limited Liability Partnership (LLP)	____
Other: **Affiliate agency of Catholic Charities Of the Diocese of Honolulu**	X

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2. **PROJECT LOCATION INFORMATION**

A. Primary Service Area(s) of Project: (please check all applicable)

Statewide:	____
O`ahu-wide:	X
Honolulu:	____
Windward O`ahu:	____
West O`ahu:	____
Maui County:	____
Kaua`i County:	____
Hawai`i County:	____

3. **DOCUMENTATION** (Please attach the following to your application form):

A. Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent)

See Attachment 1

B. A listing of all other permits or approvals from other government bodies (federal, state, county) that will be required before this proposal can be implemented (such as building permit, land use permit, etc.)
See Attachment 2

C. Your governing body: list by names, titles and address/phone numbers
See Attachment 3

D. If you have filed a Certificate of Need Application this current calendar year, you may skip the four items listed below. All others, please provide the following:

- Articles of Incorporation — **See Attachment 3**
- By-Laws — **See Attachment 3**
- Partnership Agreements — **N/A**
- Tax Key Number (project's location) — **#92018116**

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4. **TYPE OF PROJECT.** This section helps our reviewers understand what type of project you are proposing. Please place an "x" in the appropriate box.

	Used Medical Equipment (over $400,000)	New/Upgraded Medical Equip. (over $1 million)	Other Capital Project (over $4 million)	Change in Service	Change in Beds
Inpatient Facility				X	
Outpatient Facility					
Private Practice					

5. **BED CHANGES.** Please complete this chart only if your project deals with a change in your bed count and/or licensed types. Again, this chart is intended to help our reviewers understand at a glance what your project would like to accomplish. Under the heading "Type of Bed," please use only the categories listed in the certificate of need rules.

Type of Bed	Current Bed Total	Proposed Beds for your Project	Total Combined Beds if your Project is Approved
Skilled Treatment Facility (STF)	**0**	**5**	**5**
TOTAL	**0**	**5**	**5**

6. **PROJEC COSTS AND SOURCES OF FUNDS** REPLACEMENT PAGE

A. List All Project Costs: **AMOUNT:**

1.	Land Acquisition	
2.	Construction Contract	
3.	Fixed Equipment	12,000.00
4.	Movable Equipment	
5.	Financing Costs	
6.	Fair Market Value of assets acquired by lease, rent, donation, etc.	300,000.00
7.	Other:	
	TOTAL PROJECT COST:	$312,000.00

B. Source of Funds

1.	Cash	12,000.00
2.	State Appropriations	
3.	Other Grants	
4.	Fund Drive	
5.	Debt	
6.	Other: Fair market value of property	300,000.00
	TOTAL SOURCE OF FUNDS:	$312,000.00

7. **CHANGE OF SERVICE:** If you are proposing a change in service, then please briefly list what services will be added/modified. Be sure to include the establishment of a new service or the addition of a new location of an existing service. Please reference the Certificate of Need Rules Section 11-186-5 for the categories of services. If you are unable to determine which category best describes your project, please consult with agency staff.

At present, our facility serves 4 youth under the Felix Consent Decree. We are modifying our services to add 1 more bed and to make all beds available to Felix and non-Felix youth referrals.

8. **IMPLEMENTATION SCHEDULE:** Please present a projected time schedule for the completion of this project from start to finish. Include all of the following items that are applicable to your project:

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a) Date of site control for the proposed project, **Project has been in operation since 10/1998**
b) Dates by which other government approvals/permits will be applied for and received, **09/01/03 (DOH License renewed)**
c) Dates by which financing is assured for the project, **N/A**
d) Date construction will commence, **N/A**
e) Length of construction period, **N/A**
f) Date of completion of the project, **The facility is in existence and is currently operated through licensing with the Office of Health Care Assurance**
g) Date of commencement of operation, **Upon approval of CON Application and DOH Licensing**

Please remember that the Agency does monitor the implementation of Certificates approved. Non-implementation of a project as described in your application may result in a fine and/or withdrawal of the certificate of need.

9. **EXECUTIVE SUMMARY:** Please present a brief summary of your project. In addition, provide a description of how your project meets each of the certificate of need criteria listed below. If a new location is proposed, please attach an easy to read map that shows your project site.

This application is for one of two facilities of the Ehoo Ulu Hou Program operated by Catholic Charities Family Services (CCFS) - Na `Ohana Pulama (NOP) Program. This application is for the `Ekahi facility located at 92-218 Awa`awahea Way, Kapolei, HI 96786. We will also be submitting an application for the second facility.

CCFS – NOP Program provides therapeutic foster care services to youth in need of out of home placement because of emotional and behavioral problems they are exhibiting. CCFS-NOP provides services through their foster homes, group homes, and special treatment facilities. The Ehoo Ulu Hou Program is one of the most structured treatment environments offered by CCFS-NOP and specializes in providing treatment to sexually abusive youth. The Ehoo Ulu Hou Program has been in existence since 1998 as a response to a request for services by the State Department of Health-Child and Adolescent Mental Health Division (DOH-CAMHD). See Attachment 5 for DOH-CAMHD Contract for Services. Through its contract with DOH-CAMHD and its license through the Department of Health - Office of Health Care Assurance (DOH-OCHA), the Ehoo Ulu Hou Program currently serves Felix class youth. This application is to establish a 5 bed facility through which we can continue to serve Felix class youth ages 12 to 20 years old and to also accept non-Felix Class youth of the same age category for the same service.

The Ehoo Ulu Hou Program is the only community-based program providing such treatment in the State of Hawai`i that is not a locked facility. The program provides treatment programming 24 hours a day. The program consists of two special treatment facilities known as the `Ekahi facility and the `Elua facility. This application is for the `Ekahi facility. We are applying for a capacity of 5 beds in each of the facilities. The Ehoo Ulu Hou Program: `Ekahi facility's primary service area is Oahu wide but will continue to accept

referrals from other locations in the State. There are three treatment components in the program: residential, therapy and educational. Treatment services in this program are safe and adhere to best practices in the treatment of this population. The three treatment components are complementary and provide a holistic approach to treatment of the client and his family. Mental health issues are addressed proactively through the service plan and with collaboration from the client's treatment team. Therapeutic activities include individual, group and family therapy and use of standardized and specific treatment assessment tools. Integration of therapeutic interventions and skill development are delivered during all waking hours of the youth in residence. The educational component of the program provides on-going educational services and collaboration with the public school. The educational component is delivered at an off-site location. Education is year round and includes a recreational/health component. The Ehoo Ulu Hou Program offers a cost effective alternative to hospitalization, incarceration, and secured treatment facilities by addressing the needs of the client and the community.

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a) Relationship to the Hawai`i Health Performance Plan (H2P2), also known as the State of Hawai`i Health Services and Facilities Plan.

This facility addresses the following requirements as stated in the Hawaii Health Performance Plan (H2P2):

- Reduces the incidents of health-related physical and mental illness by ensuring the availability of health care resources to youth. The program meets the client's medical, dental and mental health needs by making such services available to youth within the program an/or arranging for the service through community contact.

- The program provides a continuum of care allowing youth to transition from a highly restrictive setting to the least restrictive setting. Even within the program, the issue of decreasing structure as youth' progress is addressed.

- Youth are provided with a safe and secure therapeutic environment that includes educational, residential and therapy components. Because the program is able to deliver services within the program, community resources will not be burdened. However, linkages to community resources are still maintained so that participation in the broader health care system is maintained. The program ensures that all necessary medical or psychiatric treatment occurs including both primary and secondary care. Youth are transported to health care professionals that may lie outside of the region of the facility as required.

- The program provides an intermediary level of service before acute care or treatment in a secured facility.

- The program assures high quality of services through comprehensive strengths and needs assessments, planning, staff training and evaluation, and resource sharing with other organizations and community groups. The program maintains a system of self-appraisal and program evaluation for evaluating the effectiveness of the activities provided. Measurement tools/instruments, such as the Adult Adolescent Parenting Inventory-2 (AAPI-2), Ansell-Casey Life Skills Assessment, Child and Adolescent Functional Assessment Scale (CAFAS), Child Behavioral Checklist (CBCL or Achenbach), Estimate of Risk of Adolescent Sexual Offenses (ERASOR), and JSO Evaluation are utilized. Assessments are used to identify client indicators of change, which are relevant to client outcomes. Surveys are distributed to the consumer, their family, and all collaterals involved on an annual basis at a minimum. The program

maintains data for up to 36 months post-discharge to determine if the client has generalized learned behaviors. Follow-up services or support are available after discharge.

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- The program addresses accessibility allowing all youth from various referral sources to access services. The program complies with the standards of the American with Disabilities Act as well as the Individuals with Disabilities Education Act. This program allows youth to develop long-term stabilization in order to decrease recidivism rates of abuse. The "no eject, no reject," rule regarding placement also ensures increased accessibility for services. Quality management is addressed through established quality improvement activities within the program. Participation in national accreditation and certifications through the Council on Accreditation (COA) and the Teaching-Family Association (TFA) ensures that the program continues to meet stringent national standards of service. The proposed program is cost-effective in that comprehensive services provide structure to maintain youth in the least restrictive setting. Youth can be maintained in the community without being treated in secured facilities such as hospitals, prisons or secured residential treatment facilities. Continuity of care is established through the collaboration with all collateral services available. Youth transition into the community at a pace that is therapeutic is a priority and supported through the program's administrative structure. Such structure also maximizes the use of consumer participation, particularly through its Corporate and Affiliate Board of Directors, annual satisfaction surveys and program community involvement.

- The program makes full use of other available community resources to enlist the services of, and link youth with motivated individuals and other agencies/services within the community. This provides for a comprehensive spectrum of care. Some examples of community collaborations might include: YMCA substance abuse counseling/psycho educational groups, Salvation Army Substance Abuse Program, 12-step programs, sex abuse outpatient treatment, assessment services, polygraph services, medication management, anger management, community recreational activities, cultural activities, community service, job training/employment, and independent living and transition services.

- The program also positively impacts both Behavioral Health Plans and Outcomes processes, such as ensuring a comprehensive spectrum of care (BHP-1), provides for continuity of care (BHP-2), allows for accessibility of services (BHP-3), reduces prevalence of mental illness (BHO-5), ensures community services (BHO-6), and increases relapse prevention (BHO-7).

b) Need and Accessibility

The target population for this proposal is youth ages 12 – 20 years old who have been assessed as emotionally impaired and behaviorally challenged. In addition, these youth's primary issues are related to sexual abuse. This project will continue services Oahu-wide but will also accept referrals from other areas within the State of Hawai`i. The length of service is 18-24 months.

Studies by nationally known sex-offender treatment providers have shown that up to two-thirds of adult sex offenders began their offending behaviors in childhood. Abel, Mittelman and Becker reported that 57% of adult sex offenders reported deviant sexual arousal prior to age 19 *(Abel, G.G., M.S. Mittelman and J.V. Becker. (1985). Sexual Offenders: Results of Assessment and Recommendations for Treatment).* CCFS's Child Sex Abuse Treatment Program reported 60-70% of their current population of intra-familial child-molesters committed sexual offenses as juveniles and reported victims both inside and outside of their

families. It is also shown that the recidivism rates for re-offending for adolescents who have received treatment is low. Efforts to treat this disorder in adolescence can serve as a preventative measure for the occurrence of sexual perpetration in adults.

The Ehoo Ulu Hou Program was created for sexually abusive youth as a response to a growing need for treatment of these youth who in addition to their primary sexual offenses also presented secondary behaviors. When this program was developed in 1998, it was the only program in the State of Hawai`i to provide specialized treatment in the community. Because this program is the only available program that serves adolescents with sexual aggression in a community setting, the number of available beds, which is 8 beds between the two facilities, is not sufficient to meet the demands of the community. Many programs are unwilling or are not equipped to address the specialized needs of sexually abusive youth. REPLACEMENT PAGE

According to Family Court's estimation, there are 80 youth in the juvenile justice system that are in need of this service. The program with its two facilities (the Ekahi and Elua facilities) can only currently serve a total of 8 of the 80 youth identified by Family Court. Of the 8 youth for the entire program, 4 youth can be served at this facility. By requesting an increase in the number of youth served by 1 for this facility, we are able to serve more youth at capacity. This will bring the total youth to be served at 5 youth per facility.

In addition, under the current licensure, only youth who are classified under the Felix Class can receive this service. Youth must be referred through DOH and must be special education certified. Due to the nature of these youth's presenting problems, many of the youth fail to be qualified for this service because they do not meet special education criteria. Allowing the program to accept non-Felix class youth or referrals from other than the DOH, will address the needs of these youth. Youth will also be accepted from secured facilities as a step down placement as they transition back to the community. By increasing the beds in this facility, it will allow us to attend to the anticipated increase in referrals from non-DOH agencies, such as Family Court, the Office of Youth Services, Hawai`i Youth Correction Facility and the Department of Human Services (DHS). Therefore, this facility serves an identified need.

The total waitlist for the DOH contract for both facilities this past year was 12 youth. The length of time a youth may stay on the waitlist is an average of 6 months. Occupancy rates for each facility for the past two years has been approximately 96%. We anticipate a similar occupancy rate of 96%, which is inclusive of our request to include one additional bed for this facility.

The beds and services will be accessible to all appropriately referred youth from the State of Hawai`i including underserved groups and special needs groups. The County of Oahu is the primary service area because of the location of the facility. However, all youth in the State of Hawai`i will have access to this service regardless of their race, ethnicity, gender, sexual orientation, religion, social economic status or disability.

Accessibility for low-income groups is assured through our current contracts with DOH-CAMHD, which provides for services without regard to individual income status. All racial and ethnic minorities will be admitted and will be provided service by staff trained in the delivery of culturally appropriate services. The facility is staffed with both male and female staff to increase sensitivity to interaction with both genders.

c) Quality of Service/Care

The program has established policies and procedures to ensure that quality services are provided. There are various levels to measure accountability within the program and the agency. Please see Attachment 6 for the Quality Assurance Directive.

The agency is accredited through the Council on Accreditation (COA). It is also a Child Placing Organization (CPO) with DHS. The agency has been a member of the Teaching-Family Association (TFA) and is certified as a Certified Sponsor Agency, which means that the agency meets national standards related to service evaluations, consultation, training and administration. See Attachment 8 for COA Certificate and Attachment 9 for TFA Certification and CPO Certificate. The facility is also subject to DOH licensing and credentialing requirements and through its contract with DOH, receives annual clinical, staff credentialing and fiscal monitoring. The DOH license certificate is not available at this time; however, DOH-OCHA gave confirmation of the license on October 10, 2003. See Attachment 2 for the copy of the email from DOH-OCHA.

All staff meet credentialing requirements established and approved by the DOH-CAMHD. Direct service staff (Associate Family-Teachers and Family-Teachers) are either bachelor's level or have 50 hours of college credit in human services or related field, and have at least one year of work experience with children and adolescents. All staff (including professional staff) receive 80 hours of Pre-Service Workshop before being responsible for the youth. All staff also receive 12 hours of training in working with sexually abusive youth. In-service and community based trainings are provided on at least a monthly basis to fulfill the required 40 hours of annual training for staff.

The Parent Consultant is a licensed Social Worker that has a Masters in Social Work. Therapists are also Master's level and have a degree in Counseling, Marriage and Family Therapy, Social Work or related field. The Education Specialist is trained in Special Education. The Registered Nurse has a Bachelor's Degree in Nursing and is licensed. All staff receive CPR, First Aid and CPI (Crisis Prevention Intervention) certification. See Attachment 7 for List of Personnel.

The proposed service will improve the quality of care by:

- Providing specialized treatment addressing the specific needs of sexually abusive youth through the expertise of the multi-disciplinary team.
- Delivering individualized treatment that improves client functioning using a nationally recognized treatment model.
- Ensuring community safety while providing youth with opportunities to be maintained in the community.
- Providing intensive mental health services through individual psychotherapy, specialize group therapy, and family therapy.
- Providing educational services ensuring that youth continue to receive academic credit and success in transitioning back to the public school.
- Ensuring collaboration with the client's treatment team, including but not limited to DOH Mental Health Care Coordinators, Department of Education (DOE) representatives, DHS Case Managers, Probation Officers, Guardian Ad Litems, family members, etc.
- Providing medication management and nursing consultation and assessment.
- Providing a family environment through the presence of a live-in foster parent who serves as a surrogate parent and positive role model.
- Ensuring the participation of family members (not limited to youth's immediate family) in treatment when appropriate.

- Ensuring aftercare services up to three months to aid in the transition of youth to less restrictive settings.
- Providing ongoing quality assurance through established internal and external quality improvement activities and procedures – this includes the certification of direct service staff through service standards established by the Teaching-Family Association.
- Ensuring quality of service by providing training opportunities for direct service and professional staff.
- Ensuring consumer/stakeholder satisfaction through regular satisfaction surveys and implementation of feedback. See Attachment 4 for Referral and Client Satisfaction Surveys.
- Maintaining licensure as a Special Treatment Facility with the DOH-OCHA and as a Child-Placing Organization with DHS, accreditation with the Council on Accreditation and certification through the Teaching-Family Association.
- Ensuring approval ratings through DOH-CAMHD. REPLACEMENT PAGE

d) Cost and Finances (include revenue/cost projections for the first and third year of operation)

The primary cost of the proposed facility is the operating costs. See Attachment 5 for Three-Year Projected Budget. The necessary funding is from an existing contract with DOH-CAMHD. Personnel costs range from $475,706.00 to $503,244.00 from the first year to the third year. The occupancy rate of 94% is for four youth from July – December 2003 and five youth from January – June 2004 is 92%. The occupancy rate for FY 2004 – 2005 is 87%. The occupancy rate for FY 2005 - 2006 is 90%. The increase in expenses reflects a 2.5% salary increase incorporated as well as 2.0% for operational expenses per year. Because we are the only provider in the community providing this level of care (Special Treatment Facility – Level II), we cannot compare our costs with similar type services in the community. The next level of care for comparison purposes is a locked facility or hospital setting, which may be more restrictive than necessary. The proposed facility's level of care is less costly ($442.93 versus approximately $575.00 per day. The latter cost is for services provided by Benchmark Behavioral Health Services, which is the only comparable service provider in the State of Hawaii that offers a similar service at a higher level of care – it is a locked facility). Therefore, the service available to these youth will provide a savings of approximately $48,000.00 per year per youth. The savings are evident.

The total expenses to operate this facility are $ 672,422.00 for FY 2003 – 2004. The total expenses for FY 2004 – 2005 are $ 690,401.00. The total expenses for FY 2005 – 2006 are $708,740.00. The annual amount includes all personnel costs as well as all expenses inclusive of accounting for inflation over the three years.

The bed day rate of $442.93 covers all expenses related to the care of youth in this facility including, but not limited to, therapeutic and clinical costs, education services, and room and board. Without this service, there would be unmet community needs. Youth served at this level of care require specialized services. This is the least restrictive setting; otherwise they would be a risk to the community. At this level of care they are provided with a structured, family environment that is nurturing and safe. Their environment is conducive to learning new skills and focusing on their presenting problems. The only other alternative is a locked residential facility that is more costly.

Revenue will be available to cover all three years from the DOH-CAMHD and other sources such as DHS, the Judiciary, private grants and contributions.

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e) Relationship to the existing health care system

No other provider offers the residential services available at this facility. The facility provides programming within the seamless continuum of care required by the State of Hawai`i to ensure that appropriate services are available to address the youth's mental health needs. Within the scope of services provided by the program, a step down in the level of care within our program is available for eligible clients. In this way we can provide quality services to youth in accordance with Hawai'i CASSP principles and in the least disruptive, most cost effective way.

This facility offers viable alternatives to residential treatment for youth ages 12 - 20. In the past, youth in need of such services were referred to mainland facilities. When youth returned from such secured facilities, they did not have appropriate step-down placement to address their continued needs as they transitioned to the community. Instead, these youth received treatment in programs that could not be responsive to their specific needs (staff were untrained in this specialty, victims were placed with perpetrators, and sex abuse treatment was secondary).

This facility is able to offer care to youth within this State of Hawai`i who have limited service options because of their specific needs. Youth will have access to treatment closer to their home communities, as opposed to similar services offered outside of the State at greater cost. This program provides services that are culturally sensitive to the needs of youth within the State. As a treatment provider with the State, this facility is able to collaborate with State agencies to ensure that youth who are of the greatest need have access to services.

This program allows youth access to community-based mental health services particularly as youth transition to less restrictive settings. Community mental health services are accessed to provide youth with continuity of treatment. The facility provides a placement alternative for youth that are currently being serviced by more restrictive or acute facilities, thus freeing up residential treatment beds and acute hospital beds for the most seriously ill. This in turn eases the ongoing concerns of emergency rooms that have found themselves confronted with youth that have severe mental health issues requiring residential treatment or hospital settings for services, or concerns of using incarceration as a treatment method even though such a measure only serves as a holding placement for youth.

The program requires close coordination and cooperation among the varieties of services and providers. Among them includes state agencies such as DOH-CAMHD, DHS, Family Court, DOE, and other agency services addressing issues such as substance abuse, anger management, abuse and neglect, etc. It is also expected that when agencies refer youth to this facility, they will be involved in both the treatment and discharge planning. Coordinated service planning models are essential to insure a seamless system of services that will support the client's return to the community (transitions to home, independent living or longer term foster placements).

f) Availability of Resources.

The facility has been providing specialized services to sexually abusive youth since 1998. CCFS-NOP has been in operation since 1984 providing therapeutic foster care. The program has been affiliated with the international Teaching-Family Association as a Certified Sponsor Agency since 1997. The program has an experienced professional and paraprofessional team. Many of the staff that were involved in program development are still employed by the agency and continue to offer expertise in program maintenance. The program is also able to tap into the many resources available within the agency. This

includes corporate resources and treatment expertise, i.e. the Child Sex Abuse Treatment Program (CSATP), which was established in 1980 to provide specialized services to families involved in intra-familial sexual abuse.

There is a sufficient number of staff to provide this service and therefore, no new staff will be hired to operate the program. This facility has access to a pool of on-call staff to provide coverage for vacations, holidays and crisis as needed. The facility also has established integrated systems that organize the support services available to the program. This includes a facilitative administration that is responsive to the needs of the program and the community, consultation services by a professional Social Worker who provides supervisory services and treatment direction, training, and evaluation. Recruitment practices are sensitive to the cultural diversity of the population served. Staff are recruited locally and are screened to ensure that they have a practical understanding of the local culture. All FTE staff positions are in place. The program also has the capabilities and resources available to contract for additional services as applicable.

The physical space of this facility is adequate for providing the services requested in this application. The physical plant is large enough to accommodate the requested additional bed and meets the Special Treatment Facility licensing requirements through DOH-OCHA. The program already has the necessary equipment to support staff.

Operating funds have already been established through existing contracts with the DOH-CAMHD. Additional capital resources are not required because they are already in place. Supplementary financial resources are also available through the Catholic Charities Hawai`i Corporation. Any shortfall of funds is covered through trust funds or private grants.

10. **Eligibility to file for Administrative Review:** This project is eligible to file for Administrative review because: (Check all applicable)

_____ It involves bed changes, which will have a capital expense of $1,000,000 or less, and which will have an increased annual operating expense of less than $500,000.

_____ It involves service changes which will have a capital expense of $1,000,000 or less, and which will have an increased annual operating expense of less than $500,000.

_____ It is an acquisition of a health care facility or service, which will result in lower annual operating expenses for that facility, or service.

_____ It is a change of ownership, where the change is from one entity to another substantially related entity.

_____ It is an additional location of an existing service or facility.

X____ The applicant believes it will not have a significant impact on the health care system.