



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

ADMINISTRATIVE APPLICATION – CERTIFICATE OF NEED PROGRAM

Application Number: #08-06A

Applicant: Child and Family Service
91-1841 Ft. Weaver Road
Ewa Beach, Hawaii 96706

Phone: 808 681-1418

Project Title: Establishment of five (5) Special Treatment Facility beds

Project Addresses: 73-1362 Hiolani Street, Kailua-Kona, Hawaii

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

Public	_____
Private	<u> X </u>
Non-profit	<u> X </u>
For-profit	_____
Individual	_____
Corporation	<u> X </u>
Partnership	_____
Limited Liability Corporation (LLC)	_____
Limited Liability Partnership (LLP)	_____
Other: _____	_____

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2. **PROJECT LOCATION INFORMATION**

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

Statewide:	_____
O`ahu-wide:	_____
Honolulu:	_____
Windward O`ahu:	_____
West O`ahu:	_____
Maui County:	_____
Kaua`i County:	_____
Hawai`i County:	<u> X </u>

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

- A. Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent)
- 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.)
- C. Your governing body: list by names, titles and address/phone numbers
- 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
 - By-Laws
 - Partnership Agreements
 - Tax Key Number (project's location)

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					

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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
STF	0	5	5
TOTAL	0	5	5

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6. PROJECT COSTS AND SOURCES OF FUNDS

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A. List All Project Costs:		AMOUNT:
1.	Land Acquisition	<u>-0-</u>
2.	Construction Contract	<u>-0-</u>
3.	Fixed Equipment	<u>\$25,000</u>
4.	Movable Equipment	<u>\$15,000</u>
5.	Financing Costs	<u>-0-</u>
6.	Fair Market Value of assets acquired by lease, rent, donation, etc.	<u>\$525,000</u>
7.	Other: _____	<u> </u>
TOTAL PROJECT COST:		<u>\$565,000</u>

B. Source of Funds

1.	Cash	<u>\$40,000</u>
2.	State Appropriations	<u> </u>
3.	Other Grants	<u> </u>
4.	Fund Drive	<u> </u>
5.	Debt	<u> </u>
6.	Other: <u>Fair Market Value of lease</u>	<u>\$525,000</u>
TOTAL SOURCE OF FUNDS:		<u>\$565,000</u>

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.

Child and Family Service is proposing to establish a new service at this

location. It is a Special Treatment Facility falling under Category (2) (K) of

Section 11-186-5

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: **See attached.**

- a) Date of site control for the proposed project
- b) Dates by which other government approvals/permits will be applied for and received,
- c) Dates by which financing is assured for the project,
- d) Date construction will commence,
- e) Length of construction period,
- f) Date of completion of the project,
- g) Date of commencement of operation

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. **See attached.**

- a) Relationship to the Hawai'i Health Performance Plan (H2P2), also known as the State of Hawai'i Health Services and Facilities Plan.
- b) Need and Accessibility
- c) Quality of Service/Care
- d) Cost and Finances (include revenue/cost projections for the first and third year of operation)
- e) Relationship to the existing health care system
- f) Availability of Resources.

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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.

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3. **Documentation.**

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- A. **Site Documentation.** Residential Lease Agreement dated August 1, 2006 between Sylvia P. Kahakua-Hanano/Herbert Kahakua and Child and Family Service attached.
- B. **Permits or Approvals.** The project location was previously licensed as a Special Treatment Facility by the State Department of Health for a program that was terminated December 2007 (license attached). The facility requires an STF License from State of Hawaii, Department of Health, Office of Health Care Assurance.
- C. **Governing Body.** Board of Directors roster attached.
- D. **Other Documents.** Articles of Incorporation and By-Laws of Child and Family Service are attached. The Tax Map Key for the facility is 7-3-005-046 and it is zoned AG-20. Attached is the Hawai'i County site map.

8. **Implementation Schedule.**

- a) Date of site control for the proposed project. **The lease was signed and is effective as of 8/16/2006 We are currently on a month-to-month basis and an extension to lease is in process.**
- b) Dates by which other government approvals/permits will be applied for and received.
1. **Approval of County of Hawaii, Department of Public Works, Building Division for Building, Electrical and Plumbing was applied for February 26, 2008.**
 2. **Approval of County of Hawaii, Planning Department. Zoning and Land Use Division was applied for February 26, 2008.**
 3. **STF Licensure from State of Hawaii, Department of Health, Office of Health Care Assurance will be applied for by May 1, 2008.**
- c) Dates by which financing is assured for the project. **The Proposal was submitted to the Child and Adolescent Mental Health Division on 2/29/08. A decision is expected on 3/27/08.**
- d) Date construction will commence. **N/A**
- e) Length of construction period. **N/A**
- f) Date of completion of the project. **N/A**
- g) Date of commencement of operation. **July 1, 2008.**

9. **Executive Summary.**

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Introduction. Child and Family Service requests a Certificate of Need for a new Special Treatment Facility (STF) at 73-1362 Hi`olani Street, Kailua-Kona, Hawai`i 96740. A site map is attached for reference. This facility was previously approved as a STF/TGH for youth 12-17 years of age. The State Child and Adolescent Mental Health Division (CAMHD) is expanding the continuum of care addressed under its contracts to address the needs of latency aged youth. Although the facility is located in Kailua-Kona, the geographic area to be served is the State of Hawai`i and services will be available to male and female children ages 7-12 who meet the eligibility criteria of CAMHD. The 5 bed STF will house a Community-Based Youth Group Home.

The program provides twenty-four (24) hour care and integrated service planning that addresses behavioral, emotional and/or family problems, which prevent the youth from taking part in family and/or community life. The program is designed for those youth whose needs can best be met in a structured small group living program that includes onsite educational programs and highly structured therapeutic activities. The program provides therapy, support and assistance to the youth and family to enhance participation in group living and community activities, increase positive personal and interpersonal skills and behaviors and to meet the youth's developmental needs.

The facility will provide a "home-like" environment designed for those whose behavioral and emotional needs can best be met in a small structured group living program. The home will be furnished appropriate to the youth's developmental age. A section of the facility will be dedicated to a classroom.

a. **The Relationship of the Proposed Service to the Hawai`i Health Performance Plan (H2P2).**

This proposal is consistent with the provisions of the H2P2.

Child and Family Service believes in a culturally competent, accessible and available community-based array of services that are cost effective and responsive to the needs of the community and to the consumers of our services. Child and Family Service places a strong emphasis on the development of client and program outcomes.

Chapter XI of the Hawaii Health Performance Plan relates to Behavioral Health. The youth we propose to serve are identified as an at-risk population, and the project aligns with the services and Continuum of Care recognized in the H2P2.

Additionally, participation in collaborations and partnerships enables Child and Family Service to better serve its clients. Child and Family Service is an active member of numerous community councils, committees, and coalitions statewide. Through participation in these activities, CFS is able

to work with other organizations to develop a comprehensive, coordinated, effective and responsive system of care. Participation in community organizations also provides CFS with valuable information on gaps in services and emerging community needs. Coordination and collaboration of services is critical to ensure clients and their families are being linked to the needed services.

b. The Need and Accessibility of the Proposed Service.

The proposal meets this criterion.

Annually in the State of Hawai'i, about 2,400 children and youth are registered for services with CAMHD. It is estimated that approximately 450 youth residing in Hawai'i County will need access to mental health services on an annual basis. Recognizing the high need for latency aged youth to be placed into a safe environment with highly skilled professionals and paraprofessionals, the State Department of Health, Child and Adolescent Mental Health Division has contracted with Child and Family Service to address a gap in services identified by community groups. Please refer to attached letter from S. Stanton Michels, CAMHD Administrator with Statement of Findings and Decision.

The group home will be available 24 hours a day, 365 days a year for youth ages 7-12. Child and Family Service will accept all properly qualified clients regardless of race, ability to pay, ethnicity or persons with disabilities, and any other underserved groups are likely to have access to our services.

3. In the case of a reduction,

c. Quality of Service/Care.

This proposal is consistent with the quality criterion.

To ensure quality provision of services, CFS believes in and supports a strong quality assurance component in the delivery of services. Child and Family Service will continue to fervently maintain such monitoring efforts which evaluate the entire spectrum of service delivery, from overall system performance and fiscal analysis to results-based outcomes which measure both program performance and individual youth's progress toward treatment goals and objectives.

The results of the last three years of CAMHD's monitoring and performance activities demonstrate the effectiveness of CFS' quality assurance and improvement program. The organization has made substantial and continuous improvements starting with the most recent year of review.

Over the past three years, CAMHD review teams identified many strengths as well as some opportunities for improvement in Child and Family Service programs. Some of the strengths identified include:

- 100% of licensed and unlicensed staff are credentialed.
- Grievances are handled proactively and with timely follow through in response to identified programmatic concerns.
- A well-designed training curriculum exceeds CAMHD training and development practices.
- Case record reviews revealed that overall families were active participants in the treatment process, adequate learning and treatment progress was evident, and youth were involved in a variety of community activities.

Programs were providing adequate support to youth and families and the implementation of services to address identified focal concerns was consistent.

Child and Family Service (CFS) is accredited by the Council on Accreditation of Services for Families and Children, Inc. (COA). A copy of the accreditation letter is attached to this proposal. We anticipate receiving licensing from the Department of Health upon receipt of this Certificate of Need.

d. Cost and Finances.

The proposal is consistent with this criterion.

See attached budget projections for the first and third years of operations.

The probable impact of the proposal on the overall costs of health services in the community is negligible. Services are cost effective for the State when compared with the cost if our youth do not receive crisis services and become more disabled.

e. Relationship to the Existing Health Care System

The proposal is consistent with this criterion.

Through 42 programs on six islands, Child and Family Service provides an array of clinical and non-clinical services for all ages – from our youngest keiki to our oldest kupuna. These programs include the following areas of focus:

- Behavioral health services to children with emotional and behavioral difficulties and their families including counseling and residential programs;

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- Adult services including elder care programs, employment services for immigrants and refugees and domestic violence shelters and programs
- Children's services including child abuse prevention, adoptions; and, early education.

Please refer to the attached Continuum of Care for a listing and description of all CFS programs statewide.

On the Island of Hawai'i, Child and Family Service has provided a continuum of care focusing on providing services in the families' natural environments. By having offices in Kona, Hilo and Waimea, Child and Family Service is able to coordinate services throughout the rural communities in West Hawai'i. Child and Family Service currently provides a Domestic Abuse Shelter, Domestic Violence Programs, Therapeutic Foster Homes, a Crisis and Respite Group Home, Emergency Services, and Intensive Home and Community Based Intervention in West Hawai'i.

Child and Family Service provides a continuum of service and choice of intervention, giving youth and families many options in choosing the individualized, community-based, culturally appropriate services, which best meet their needs. This continuum allows CFS to provide services to clients and their families that have been characterized by evidenced based practices with community integration and effective coordination.

f. Availability of Resources.

The proposal is consistent with this criterion.

The client/staff ratio for Community-Based Residential (CBR) program will be 5:2 at a minimum; although, 5:3 is a more desirable ratio allowing more individualized treatment for the issues bringing the youth into the CBR placement. When youth are present in the home, there will be a minimum of two staff during all shifts. However, the client/staff ratio will be contingent upon decisions made in the treatment team in response to the supervision level required for each youth placed into the program. Furthermore, additional personnel will be available and called to duty in emergencies or are scheduled to meet special needs during busy or more stressful periods such as when a youth needs 1:1 supervision, when new admissions are entering the facility, or when a staff escort to an emergency unit is needed.

Staffing in the CBR program will include a Clinical Psychologist, Mental Health Specialist (MHS), Program Manager, Special Education Teacher, Lead Residential Counselors, Residential Counselors (RC), Registered Nurse, as well as Youth and Family Specialists. Independent Contractors will be employed to provide specialized services and include Occupational Therapist, Music/Drama/Art therapist, Medical/Training Consultants, Psychiatrist and Nutritionist. Subcontractors always meet or exceed State

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requirements to provide mental health services and are trained in evidence based services, the CASSP principles and the evaluation of clinical outcomes.

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The Clinical Psychologist, a QMHP, will supervise the Mental Health Specialist (MHP) and other key senior staff including the Special Education Teacher, Program Manager and Lead Residential Counselors. The MHS will be responsible for providing individual and group clinical supervision to the remaining paraprofessionals. The Clinical Psychologist and MHS will co-facilitate group supervision. Non-clinical supervision of Residential Counselors will be provided by the Program Manager.

Due to the recent closure in December 2007 of the West Hawaii Therapeutic Group Home for adolescent boys, CFS is in the position of offering personnel that are highly trained in residential care and a home setting that provides a naturally therapeutic environment. This would include a Program Manager, Mental Health Specialist and Residential Counselor. Our plan for recruitment to fill any vacant positions will follow our established Employee Recruiting Procedure which includes internal posting on our website (<http://www.childandfamilyservice.org/apply.php>) and externally by advertisement in the local newspaper. We are already advertising for some positions such as the Special Education Teacher and Clinical Psychologist.

Child and Family Service's credentialing, training and supervision activities are designed to provide services to clients by well-trained and qualified staff. The staff are expected to increase their knowledge and skills through individual and group supervision, peer review, and attendance at in-services, workshops, and other educational activities. CFS utilizes this base of capable, knowledgeable staff to provide treatment services in accordance with evidence-based practice findings.

Child and Family Service employs licensed individuals who bring extensive experience to its programming. Staff consistently uses interventions that have proven to be effective, including social skills training, exposure, modeling, behavioral problem solving, relationship, self-modeling, communication skills, group discussions, problem solving skills training, goal setting and anger control training, to address and work with youth to maximize treatment success.