



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

ADMINISTRATIVE APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: #12-03A Date of Receipt:
To be assigned by Agency

APPLICANT PROFILE

Project Title: Establishment of 8 bed Special Treatment Facility

Project Address: 85-138 Plantation Road, Waianae, Hawaii 96792

Applicant Facility/Organization: Breaking Boundaries

Name of CEO or equivalent: Isonna Marrow

Title: Chief Operating Officer

Address: 84-1170 Farrington Hwy, Suite A2-BFA, Waianae, Hawaii 96792

Phone Number: 808-695-0444 Fax Number: 808-695-0555

Contact Person for this Application: Isonna Marrow

Title: Chief Operating Officer

Address: 84-1170 Farrington Hwy, Suite A2-BFA, Waianae, Hawaii 96792

Phone Number: 808-265-9875 Fax Number: 808-695-0555

CERTIFICATION BY APPLICANT

I hereby attest that I reviewed the application and have knowledge of the content and the information contained herein. I declare that the project described and each statement amount and supporting documentation included is true and correct to the best of my knowledge and belief.

Signature

Date

Isonna S. Marrow
Chief Operating Officer

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

| | |
|-------------------------------------|-------|
| Public | _____ |
| Private | __X__ |
| Non-profit | __X__ |
| For-profit | _____ |
| Individual | _____ |
| Corporation | __X__ |
| Partnership | _____ |
| Limited Liability Corporation (LLC) | _____ |
| Limited Liability Partnership (LLP) | _____ |
| Other: _____ | _____ |

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 A – Lease Agreement**

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 B – Department of Planning and Permitting Inspector’s Report; Attachment C – Land Use Permit/Zoning Clearance; Attachment D – Wastewater System Review**

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

See Attachment E – List of Board of Directors

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 **Attachment F**
- By-Laws **Attachment G**
- Partnership Agreements **N/A**
- Tax Key Number (project’s location) **1-8-5-12-70**

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 | 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 |
|--------------|-------------------|--------------------------------|---|
| STF | 0 | 8 | 8 |
| | | | |
| TOTAL | 0 | 8 | 8 |

6. PROJECT COSTS AND SOURCES OF FUNDS

A. List All Project Costs:

AMOUNT:

| | | |
|----|---|--------------|
| 1. | Land Acquisition | _____ |
| 2. | Construction Contract | _____ |
| 3. | Fixed Equipment | _____ |
| 4. | Movable Equipment | _____ |
| 5. | Financing Costs | _____ |
| 6. | Fair Market Value of assets acquired by lease, rent, donation, etc. | \$399,000.00 |
| 7. | Other: _____ | _____ |

TOTAL PROJECT COST: \$399,000.00

B. Source of Funds

| | | |
|----|--|--------------|
| 1. | Cash | _____ |
| 2. | State Appropriations | _____ |
| 3. | Other Grants | _____ |
| 4. | Fund Drive | _____ |
| 5. | Debt | _____ |
| 6. | Other: Fair Market Value – Monthly Lease | \$399,000.00 |

TOTAL SOURCE OF FUNDS: \$399,000.00

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.

The property located at 85-138 Plantation Road, Waianae, Hawaii is currently certified with the Department of Health Adult Mental Health Division (AMHD) to provide 24-Hour group housing. The current bed capacity is 8. The target population for this housing site is adults 18 years and older with severe persistent mental illness. Breaking Boundaries was recently awarded a contract with AMHD to provide community-based Specialized Residential Treatment. Breaking Boundaries proposes to change the use of the property from a 24-Hour group home to a Special Treatment Facility (STF) to provide Specialized Residential Treatment to the same target population. The bed capacity would remain the same.

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:

- a) Date of site control for the proposed project,
Completed – July 1, 2011
- b) Dates by which other government approvals/permits will be applied for and received,
January 20, 2011
- 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,
Upon completion of Special Treatment Facility License issued by DOH - OCHA
- g) Date of commencement of operation
Upon completion of Special Treatment Facility License issues by DOH - OCHA

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.

Breaking Boundaries is a private not-for-profit organization that is funded to provide certified group housing services with the Department of Health Adult Mental Health Division (AMHD). Breaking Boundaries was recently awarded a contract to provide Specialized Residential Treatment Services for adults with co-occurring disorders (mental illness and substance abuse problems) in Waianae, a significantly underserved part of the island of O'ahu.

Breaking Boundaries proposes to use a current site in Waianae for Specialized Residential Treatment Services to serve the target population that need services in the Waianae area coming from the Hawaii State Hospital and from other State and private Mental Health Centers. To date, AMHD does not have any other Provider that provides Specialized Residential Treatment Services in Waianae.

a) Relationship to the State of Hawai'i Health Services and Facilities Plan.

Some of the specific Health Areas of Concern in accordance with the State of Hawaii Health Services and Facilities Plan include 1) increasing and improving access to mental health programs, services, and education; and 2) increasing and improving access to substance abuse programs, services and education. The proposed Specialized Residential Treatment Services in Waianae addresses these specific areas of concern. Breaking Boundaries services increases and improves access for persons with mental illness and substance abuse problems to obtain mental health and substance abuse programs, services and education in Waianae (an area that currently does not have community-based specialized residential treatment services). Breaking Boundaries proposes to provide integrated residential treatment services to address areas of concern in support of the State of Hawaii Health Services and Facilities Plan. This is accomplished by at minimum addressing both mental illness and substance abuse problems simultaneously; providing illness and medication self-management education and skill building; integrating family services with persons served to further educate and provide coping skills; and teaching independent living skills to sustain independent living in the community. In addition, the West Oahu SAC priorities in accordance with the State of Hawaii Health Services include 1) improve and increase access for mental health services and substance abuse services; 2) increase community engagement; 3) improve education and increase preventive medicine. The proposed Specialized Residential Treatment Services shall address these specific needs.

b) Need and Accessibility

The need to provide Specialized Residential Treatment Services to the target population is evident of statistical data from the Adult Mental Health Division (AMHD). It is estimated that the number of people in need of services has tripled from 5,201 individuals in 2003 to 15,576 individuals in 2007. Further need is suggested by the absence of Specialized Residential Treatment Services in the Waianae area. To date, Breaking Boundaries is the only AMHD funded Provider in Waianae proposing licensing for this much needed service. On the island of Oahu the following AMHD Providers also offer Specialized Residential Treatment Services: Po'ailani, Bed Capacity: 32 on Windward Coast and Care Hawaii, Bed Capacity 8 in Central Area.

Currently, the Hawaii State Hospital (HSH) is in need of more community-based facilities to move people that are ready to a less restrictive level of care. This includes having community-based facilities in Waianae where persons served would like to return to be in the community with family. Not all persons served wish to be on the Windward side of O'ahu.

In addition, continues to be faced with needing to discharge persons served to more cost effective levels of care. Having a Specialized Residential Treatment program in Waianae will increase accessibility to specialized services that are designed for the target population. This would assist HSH with transitioning persons served to the appropriate level of care in the community of their choice; reduce psychiatric hospitalizations and incarceration thereby reducing cost; support community reintegration; and improve access to services for persons coming from Kahi Mohala; and improve access to services for State and private Leeward Coast Mental Health Centers that have cases with the target population.

The Specialized Residential Treatment program accepts all referrals, found appropriate from AMHD, QUEST and private insurers without regard to race, ethnicity, gender, age, religion, sexual preference, income, or disability. Breaking Boundaries is funded by the Adult Mental Health Division and provides services to individuals without funds. The residential site is accessible to bus routes, stores, medical centers, mental health centers, club houses, educational, legal and social services.

c) Quality of Service/Care

Breaking Boundaries was awarded the highest national standards for providing quality services and care evident of a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). This was accomplished the first time Breaking Boundaries applied for CARF accreditation. Breaking Boundaries has also repeatedly met all standards of service care and business practices with the Adult Mental Health Division. Breaking Boundaries is pleased to announce that it currently operates and provides the full continuum of

care in Waianae. The proposed services will improve the quality of care as follows:

- 1) Maintain a staff to client ratio of 1:8 to ensure case load is manageable and clients' needs are met; and ensure staff coverage on site 24 hours per day 7 days per week.
- 2) Implement and maintain an integrated model of treatment that incorporates seven components: 1) Integration; 2) Comprehensiveness; 3) Assertiveness; 4) Reduction of negative consequences; 5) Long-term perspective; 6) Motivation-based treatment; and 7) Multiple psychotherapeutic modalities.
- 3) Provide comprehensive services to include screening to ensure appropriateness; assessment to identify strengths, preferences, and needs of persons served; and provide evidence-based services proven successful with the target population to include motivational enhancement therapy (MET) to initiate change and engage persons served in the therapeutic process; cognitive-behavioral therapy (CBT) to help make change with persons served; and twelve step facilitation (TSF) to help maintain and sustain changes; managing medications; involving the family; and encouraging participation in Peer-Support Recovery Programs.
- 4) Qualified personnel that encompass a Hawaii State licensed psychiatrist and psychologist; a Hawaii State licensed Registered Nurse; Master's Level/Certified Substance Abuse Counselor (CSAC) clinicians; Bachelor level personnel to provide supportive services in accordance to the Adult Mental Health Division.
- 5) Qualified personnel to provide individual, family and group mental health and substance abuse education and counseling; process groups to discuss individual written assignments; independent skill building activities to enhance and sustain community living; socialization skill building to develop a support group.
- 6) A working Quality Management Program (QMP) that is overseen by the QMP Committee; that governs the work performance of personnel and processes as it relates to cleanliness, meals and snacks, program standards, health and safety, initial and annual training; client satisfaction; barriers to accessibility; and adherence to policies and procedures. The QMP ensures that safety standards are upheld; quality services are consistently rendered; and that training needs are consistently identified.

7) Track outcome measures that demonstrate treatment success rates and identifies areas in need of improvement to include increase in independent living; increase in work; and increase in education.

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

e) Relationship to the existing health care system

Breaking Boundaries has developed professional relationships and works collaboratively with a host of other State and private Providers and hospitals within the existing health care system for the target population. These collaborative work efforts provide a system of care for the target population to address needs across the continuum of care. This includes mobile outreach, acute care, crisis needs and stabilization, community-based treatment, and housing to prevent and reduce homelessness. These relationships include but are not limited to the Hawaii State Hospital (HSH), Kahi Mohala, and Waianae Coast Comprehensive; Case Management Providers such as North Shore Mental Health, CARE Hawaii, Waianae Mental Health, Kahili Palama, Helping Hands Hawaii, Mental Health Kokua and others.

f) Availability of Resources.

Breaking Boundaries currently employs the administrative and clinical personnel to implement and maintain Specialized Residential Treatment Services. The subject property is currently controlled by Breaking Boundaries and is proposed to be used for Specialized Residential Treatment with approval of this CON and licensing from the Office of Health Care Assurance (OHCA). Breaking Boundaries currently is funded by State funds which provide revenue for operating expenses and payroll. (See attached AMD Contract)

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