



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

DAVID T. SAKAMOTO, M.D., M.B.A.
ADMINISTRATOR

1177 Alakea St. #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

September 16, 2005

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Gail P. Gnazzo
Chief Executive Officer
Maui Youth and Family Services, Inc.
P.O. Box 790006
Paia, HI 96779

Dear Ms. Gnazzo:

The State Health Planning and Development Agency has evaluated Certificate of Need application #05-21A from Maui Youth and Family Services, Inc. for a change in service to include dual diagnosis clients at 1931-C Baldwin Ave., Makawao, Maui, at no capital cost.

Pursuant to Title 11, Chapter 186 of the Hawaii Administrative Rules (HAR), the Agency has determined that:

1. This proposal is eligible for administrative review as it meets the criterion in Section 11-186-99.1(b)(6), i.e.: "any proposal which is determined by the agency not to have a significant impact on the health care system."
2. Maui Youth and Family Services, Inc. (the "applicant") has proven by a preponderance of evidence that its proposal meets the Certificate of Need criteria in Section 11-186-15, HAR:
 - a. The applicant states that "Ho'omaka Hou program for substance abuse treatment offered by MYFS is designed to coordinate professional services to support youth in attainment of substance free lifestyles."
 - b. The applicant states that "This application is for a certificate of need approval to provide STF services to youth with behavioral health as well as substance abuse diagnoses."
 - c. The applicant states that "The facility need has been previously established in certificate of need #02-02A." Furthermore, the applicant states that "...at least 95% of all youth presenting with substance abuse diagnoses have additional behavioral health diagnoses. Thus, the need for providing services to the dually diagnosed population is the same as 95% of the substance abusing population."

- d. The applicant states that "This application will enhance services in the existing health system as we will be able to meet the need for treatment of dually diagnosed youth. Youth will not need to be sent to separate facilities to treat each aspect of their behavioral/substance abuse disorder."
- e. The applicant states that "It has been accredited by Council on Accreditation of (COA) and meets nationally recognized standard, and standards defined by the Department of Health, Alcohol and Drug Abuse and Child Adolescent Mental Health Divisions. Staff meets clinical and professional standards and credentials are verified by primary source documentation. This MYFS service has received continuous Special Treatment Facility licensing from the Department of Health Office of Healthcare Assurance since 1993."
- f. The applicant states that "No additional staff qualifications are necessary."
- g. The applicant states that no new capital or staff is required for the proposal.

There is no compelling public interest which will be served by requiring the application to go through the standard review process.

Pursuant to Section 323D-43(b), Hawaii Revised Statutes (HRS), the Agency finds that:

1. There is a public need for this proposal.
2. The cost of the service will not be unreasonable in light of the benefits it will provide and its impact on health care costs.

Accordingly, the State Health Planning and Development Agency hereby APPROVES and ISSUES a Certificate of Need to Maui Youth and Family Services, Inc. for the proposal described in application #05-21A. There is no capital expenditure authorized under this approval.

Please be advised that pursuant to Section 323D-47, HRS and Section 11-186-99.1(g) HAR, any person may, for good cause shown, request in writing a public hearing for reconsideration of the Agency's decision within ten working days from the date of this decision. Accordingly, if no person makes such a timely request for reconsideration, this decision shall become final immediately after the deadline for making such a request has expired.


David T. Sakamoto, M.D.
Administrator

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the attached Administrative Review Decision was duly served upon the applicant by sending it by certified mail, return receipt requested, in the United States Postal Service addressed as follows on September 16, 2005:

Gail P. Gnazzo
Chief Executive Officer
Maui Youth and Family Services, Inc.
P.O. Box 790006
Paia, HI 96779

HAWAII STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

A handwritten signature in black ink, appearing to read "David T. Sakamoto". The signature is written in a cursive style with a horizontal line underneath the name.

David T. Sakamoto, M.D.
Administrator