



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

ADMINISTRATIVE APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: #15-06A Date of Receipt: _____
To be assigned by Agency

APPLICANT PROFILE

Project Title: Establishment of a 32-bed Special Treatment Facility

Project Address: 58-130 Kamehameha Highway

Haleiwa, HI 96712

Applicant Facility/Organization: Ho'ōla Nā Pua

Name of CEO or equivalent: Jessica Munoz, RN, BSN, MSN, APRN-RX, FNP-BC

Title: President/CEO

Address: P.O. Box 401, Haleiwa, HI 96712

Phone Number: (808) 445-3131 Fax Number: _____

Contact Person for this Application: Shantae Williams, Psy.D.

Title: Program Developer/Research Director

Address: P.O. Box 401, Haleiwa, HI 96712

Phone Number: (808) 306-3662 Fax Number: _____

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.

Shantae Williams
Signature

5/15/15
Date

Jessica Munoz, RN, BSN, MSN, APRN-RX, FNP-BC
Name (please type or print)

President/CEO
Title (please type or print)

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ST. HELENA
& DEV. AGENCY

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 DLNR Right of Entry (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.)

- a) Special Treatment Facility License
- b) CUP Major
- c) Individual Wastewater system
- d) Building, grading, electrical and plumbing

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

Jody Allione, Board Chair
Stephanie E.W. Thompson, Esq., General Counsel
Jeff Alameida, Board Member
Jessica Munoz, President/CEO
Sterling Lee, Board Member
Jeremy Munoz, Board Member
Mike Lyons, Board Member
Kirsten Turner, Board Member

Address: P.O. Box 401
 Haleiwa, HI 96712
 Phone: (808) 445-3131

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 2**
- By-Laws: **See Attachment 2**
- Partnership Agreements: **N/A**
- Tax Key Number (project's location): **(1) 5-8-001:051**

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
Special Treatment Facility	0	32	32

TOTAL	0	32	32
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6. PROJECT COSTS AND SOURCES OF FUNDS

A. List All Project Costs:

AMOUNT:

- | | | |
|----|---|-----------------------|
| 1. | Land Acquisition | _____ |
| 2. | Construction Contract (Estimate) | <u>\$2,900,000.00</u> |
| 3. | Fixed Equipment | _____ |
| 4. | Movable Equipment | _____ |
| 5. | Financing Costs | _____ |
| 6. | Fair Market Value of assets acquired by lease, rent, donation, etc. | <u>\$1,500,000.00</u> |
| 7. | Other: _____ | _____ |

TOTAL PROJECT COST: \$4,400,000.00

B. Source of Funds

- | | | |
|----|---|-----------------------|
| 1. | Cash | <u>\$2,900,000.00</u> |
| 2. | State Appropriations | _____ |
| 3. | Other Grants | _____ |
| 4. | Fund Drive | _____ |
| 5. | Debt | _____ |
| 6. | Other: <u>Fair Market Value of property</u> | <u>\$1,500,000.00</u> |

TOTAL SOURCE OF FUNDS: \$4,400,000.00

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.

Establishment of a 32 bed Special Treatment Facility.

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: **31 October 2014**
- b) Dates by which other government approvals/permits will be applied for and received: **December 2015**
- c) Dates by which financing is assured for the project: **January 2016**
- d) Date construction will commence: **March 2016**
- e) Length of construction period: **210 days**
- f) Date of completion of the project: **January 2017**
- g) Date of commencement of operation: **March 2017**

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 Attachment 3 for map).**

Ho'ōla Nā Pua (a local non-profit) is proposing to open a 24-hour therapeutic Special Treatment Facility for adolescent females ages 11 through 18 who have recently exited a life of commercial sexual exploitation. We plan to provide care, safety, and integrated service planning committed to the rescue, restoration, and reintegration of juvenile victims. Ho'ōla Nā Pua proposes to provide educational, therapeutic, recreational, and occupational services in one location for our target population. The proposed program will address the behavioral, emotional, societal, and/or familial problems that may prevent the residents from taking part in family and/or community life. Ho'ōla Nā Pua is designed for residents whose needs can be best met in a structured program with a relatively small milieu. Residents will be provided a safe place to heal as their physical, emotional, psychological, psychosocial, spiritual, educational, and reintegration needs are met. Our goal is to prepare each resident for *successful transition and reintegration back into our community*. *To date, there are no residential Special Treatment Facility programs for minor victims of sexual*

trafficking in the State of Hawai'i. Our primary purpose is to keep Hawai'i's sexually exploited youth in Hawai'i while they receive intensive therapeutic services.

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

CHAPTER 3: STATEWIDE AND REGIONAL PRIORITIES

The proposed program will address the following specific health areas of concern in accordance with the State of Hawai'i Health Services and Facilities Plan:

1) Promote and support the long-term viability of the health care delivery system by providing a service that does not currently exist, but is needed, in the State of Hawai'i. Ho'ōla Nā Pua seeks to increase and improve access for commercial sexually exploited juvenile females to obtain culturally relevant comprehensive residential treatment. Girls who are sexually exploited commercially in the State of Hawai'i receive minimal treatment and are currently sent to locked facilities, returned to dysfunctional families, placed in shelters or foster care, or sent to the mainland for treatment. Our proposed program will not discriminate against race, creed, color, or socioeconomic status; all juveniles who fit into our criteria, possess enough cognitive ability to comprehend and participate in treatment, display a need for services, and express a desire for change will be welcome. Currently, a program for female juvenile sex trafficking victims does not exist, yet is needed, in the state of Hawai'i, Ho'ōla Nā Pua will be the first.

2) Increase and improve access to mental health programs, services, and education. The proposed Specialized Treatment Facility, Ho'ōla Nā Pua, is a therapeutic treatment program designed to target the most salient issues observed amongst female juvenile sex trafficking victims. Without employing such a program, victims of sexual trafficking will likely return to their trafficker, be re-victimized by a new trafficker, run away from placements, endure long-term ongoing psychological disorder/s, experience interpersonal issues, and engage in harmful substance abuse behaviors^{1, 2}. Those who do not enter into residential treatment programs have poor therapy follow through, fail to return to school, fail to obtain their GED, and struggle to integrate back into their families and community. Residents of the proposed Ho'ōla Nā Pua program will receive individual therapy, group therapy, family therapy (when deemed appropriate), survivor-groups, and psycho-educational groups. Families who are deemed appropriate will be offered psycho-education groups and parent survivor groups. We will seek to contract with the Department of Education for our resident's educational services. Individual tutors will be made available for resident's needing extra assistance.

Our clinical program is derived from research and consultation with local, national, and international mental health and trauma counseling experts who have both worked with and researched the human trafficking phenomena. In addition to providing treatment, our program will conduct necessary research on: an adapted version of Trauma-Focused Cognitive Behavioral Therapy specifically tailored for sex trafficked victims by Licensed Psychologist Becca Johnson, Ph.D.; a Commercial Sexual Exploitation of Children (CSEC) identification tool created by Licensed

¹ Hodge, D. R. (2008). Sexual Trafficking in the United States: A Domestic Problem with Transnational Dimensions. *Social Work* 53 (2), 143-152.

² Kottra, K. (2010). Domestic Minor Sex Trafficking in the United States. *Social Work* 55,2.

Psychologist George F. Rhoades, Jr.; and "ending the game" a coercion resiliency treatment modality created specifically for sex trafficked victims by survivors of sexual trafficking Carissa Phelps, JD/MBA, CEO of Runaway Girl, FPC (RG); DiLita Miller, AA; Rachel Thomas, M.Ed.; and cult counselor and mental health professional Steven Hassan, M. Ed.

Ongoing qualitative and quantitative research will be conducted on site allowing for immediate feedback on program efficacy, and research that is virtually non-existent at this time.

3) Education and prevention. Increasing awareness of sex trafficking in Hawaii through adolescent and adult education will help to provide safeguards for threatened youth. The proposed program will provide interactive community outreach to organizations, churches, and the population at risk in order to provide ongoing information and debriefings on how to recognize and combat sex trafficking, root causes of sex trafficking, protecting victims, and promoting a prevalent attitude of "not on our islands". Ho'ōla Nā Pua strives not only to provide treatment to girls recovering from a life of commercial sexual exploitation, but also recognizes the importance of identifying girls who are high risk for sexual trafficking with the goal of preventing them from ever experiencing exploitation. Our youth-oriented Smart Courage program is for middle and high school students, it teaches preteens and teens about the dangers of sex trafficking. The Smart Courage Educational Program is Ho'ōla Nā Pua's version of stranger danger for teens. The Smart Courage Program goes directly into local middle schools, high schools, and community youth programs to teach teens what domestic sex trafficking of minors is and how to recognize the signs before it happens to them or someone they know. Smart Courage also addresses pornography and other cultural norms that are fueling the demand for underage girls and concludes with suggestions on how students can get involved to bring about change. Age is the primary factor of vulnerability, and the signs of being targeted are not immediately recognizable to an unsuspecting teen. Through education, we teach our children to recognize the signs before they are caught up in a very dangerous situation that is difficult to escape.

4) Support efforts to promote scientifically-based nutritional health knowledge within the community for the development of healthy living lifestyles for all. The unpredictability and lack of control victims experience during their trafficking experience leads to intense or prolonged psychological reactions to abuse resulting in many survivors experiencing a variety of health problems, which include malnutrition, eating disorders, self-destructive behaviors, and risk-taking behaviors. At Ho'ōla Nā Pua we will respond to these girls in a health-centric approach with comprehensive support in holistic wellness.

Due to the prevalence of family dysfunction, transient lifestyles (i.e. living on the streets, hotel hopping, etc.), and complete indoctrination into the prostitution lifestyle, the vast majority of sexually trafficked survivors have not been afforded the opportunity to learn basic life skills. The proposed program's life skills training will teach our residents how to be productive and contributing members of society, decrease anxiety when in the community, increase pro-social behaviors, and increase self-esteem and self-worth. Our life skills training will include but is not limited to: healthcare maintenance, dental hygiene, sex education, and health and nutrition.

Our health (physical and mental) and nutritional focus will contribute to our resident's quality of life by addressing their fundamental health and nutrition needs. Ho'ōla Nā Pua is a gender-specific, comprehensive treatment program for adolescents who exhibit higher than average rates of dual diagnosis and developmental differences. Our program will combine key health and nutrition elements essential in effectively treating adolescent girls with an emphasis in health promotion and disease prevention to encourage positive outcomes. The Kaiser Permanente ACE study (Adverse Childhood Experiences) demonstrates that children who suffer from adverse childhood experiences of abuse and trauma are shown to have increased risk for chronic diseases and adverse mental health outcomes as adults. Adolescent health treatment needs can be challenging and often involve comprehensive and multi-disciplinary approaches that must include a balanced integration of healthy nutritional routines and education for lifelong wellbeing. Ho'ōla Nā Pua will deliver a highly individualized, holistic approach to treatment where these needs are continuously assessed and revised throughout service processes. To ensure our resident's nutritional needs are sufficiently met, we will seek to contract with the United States Department of Agriculture (USDA), and the services of a nutritionist/dietitian to monitor each resident's specific nutritional needs.

5) Improve Bed Availability: Improve the hospital bed availability through timely transfer of ready patients to appropriate levels of care.

Commercial Sexually Exploited Children frequently experience severe and persistent mental health symptomatology resulting in them being hospitalized in acute psychiatric wards. Once stabilized their treatment teams are forced to keep them at this level of treatment, as there are no facilities on island for the child to properly step down to a lower, yet therapeutic, level of care. Ho'ōla Nā Pua's special treatment facility will provide a safe and appropriate placement option for these children to obtain the treatment they need in order to heal. Providing a CSEC specific treatment home allows for the child's treatment team to move them into proper placement, which will simultaneously provide bed availability for those who truly need an acute level of care.

6) Improve and Increase Access to Mental Health Services.

Ho'ōla Nā Pua will increase and improve access to mental health programs and services by providing an alternative to emergency room visits, hospitalizations, and reduce sending CSEC children to locked facilities or out of state for services. We will also provide mental health services for those uninsured or under-insured who are in need of CSEC specific treatment. Our program is designed to assist our residents in obtaining proper insurance, however we will not turn away a child based on their inability to pay.

b) Need and Accessibility

Description of the Service Area

The Ho'ōla Nā Pua facility is located at 58-130 Kamehameha Highway in Haleiwa on the North Shore of the island of Oahu, Hawai'i between the communities of Sunset Beach and Kahuku. The land is owned by the State of Hawaii Department of Land and Natural Resources and has been developed since the early 1900s. The site is identified as Tax Map Key: (1) 5-8-001:051. It is accessible to all residents on the island by car and/or public transportation, via a short inter-island flight for residents

coming from the outer islands, and via flights for Domestic and International clients. Ho'ōla Nā Pua staff will pick up and transport residents from a designated meeting area on the day of their admission for safety and confidentiality purposes.

Since Hawai'i is the only archipelago state, we are at an advantage in keeping residents safe within our program. Once identified, children exploited through commercial sexualization often return to their pimps/traffickers due to trauma bonds or fear. Those who return to their trafficker are routinely moved off island by their trafficker to avoid further detection; our proposed treatment programs location is advantageous as it increases the likelihood of resident recovery due to small island size and our ability to flag minors leaving through the airport. In addition, the single road in and out of Haleiwa will increase the chance of residents being identified and located prior to them leaving the area.

Target Population

Ho'ōla Nā Pua is proposing to open a Specialty Treatment Facility designed to serve adolescent females between the ages of 11 through 18 who have recently exited the commercial sex industry. Recently exited is defined as up to two months post experience; exceptions to this rule may be made on a case-by-case basis. Low-income persons, racial and ethnic minorities, persons with disabilities, and other underserved populations will be welcomed at Ho'ōla Nā Pua. Cognitive and developmental limitations will be considered with regard to group placement however, unless severe; these limitations should not interfere with membership. Ho'ōla Nā Pua is best suited for residents who desire to engage in treatment and have discontinued contact with their pimp/trafficker. Resident's non-offending families/caregivers will be invited to participate in treatment whenever possible. *Non-offending families/caregivers* are defined as families or caregivers who did not engage in the trafficking of the minor, who do not have Child Welfare Services intervention, who in no way knew of the trafficking experience prior to identification, and who are deemed appropriate following a full battery psychological evaluation.

Estimate of Need, Demand and Supply

Hawai'i does not formally track incidences of Commercial Sexual Exploitation of Children (CSEC). In order to obtain an estimate of Hawai'i's need for a sexual trafficking Special Treatment Facility for juvenile girls, we utilized the following methodologies: literature reviews, descriptive research (obtained from the observations of family court personnel), archival research, and an analysis of existing statistics on the phenomena identified as "high-risk" or "at-risk" within this population.

Sex trafficking of minors exists within every community, socioeconomic status, religion, and ethnic group within the United States. However, specific risk factors leave a young girl vulnerable to being targeted for sex trafficking. These risk factors include but are not limited to:

- Under 18 years of age
- Chronic runaways (3 or more)
- Little or no familial and social support
- Ethnic minority
- Low socioeconomic household
- Dysfunctional family background
- History of molestation - sexual abuse

- Experienced domestic violence
- Homelessness
- School absence/truancy
- Abuse of drug/s
- Current or previous involvement in the Child Welfare System, including being in the foster care system or having lived in a group home.

Sex trafficking is a worldwide epidemic that negatively impacts our health, freedom, and economy. Domestic Minor Sex Trafficking (DMST) is defined by the Trafficking Victims Protection Act (TVPA) of 2000 reauthorized in 2008, as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” when the person is a U.S. citizen or lawful permanent resident, or under age 18³. Domestic Minor Sex Trafficking, also known as, Commercial Sexual Exploitation of Children (CSEC) are the most common forms of sexual trafficking in the United States and typically involves adult males who coerce young girls into prostitution, pornography, stripping, or any other form of sexual services for their own personal profit.

Sexual exploitation in the form of human trafficking occurs among men, women, and children but research has found most victims are typically females between the ages of 11 through 14, from low socioeconomic families, and with a history of abuse⁴.

Honolulu is a hub for business and trading between the East and the West. Hawai'i's economy is fueled by domestic and international tourism and each of the military service sectors. The State has eleven installations that include all branches of the United States Armed Forces. These combined conditions contribute to making Hawai'i a prime market for traffickers who capitalized on high demand for sex services sought by leisure and business travelers, locals, and by armed forces personnel.

As the demand for sexual services increases in Hawai'i, so does the number of child trafficking victims. Girls as young as 11 years old are particularly vulnerable, and among the choice targets of high demand. The girls are ordered online and sent to hotels and homes, purchased in massage parlors, sent to the streets, and are taken to the mainland to be sold and exploited. The children vulnerable to this exploitation come from a variety of backgrounds and familial circumstances.

Among the children found to be highly susceptible to victimization through sex trafficking, underage runaway girls have been found to be at greatest risk. The National Runaway Safeline presented data on the runaway statistics from research and data collected from sources such as the US Office of Juvenile Justice and Delinquency Prevention (OJJDP), the US Department of Health and Human Resources (HHS), the American Journal of Public Health (AJPH), the Journal of Adolescent Health (JAH), the Polaris Project, the National Human Trafficking Resource Center (NHTRC), and other research sources. The data presented offers an opportunity for analysis and reasonable speculation about the push and pull of youth into sex trafficking. The relevant statistics are:

³ Trafficking Victims Protection Act (TVPA) of 2000, Pub. L. No. 106-386, Division A, § 103(8), 9. <http://www.state.gov/documents/organization/10492.pdf> accessed on January 28, 2015.

⁴ Kottra, K. (2010). Domestic Minor Sex Trafficking in the United States. *Social Work* 55, 2.

- The three most common forms of sex trafficked reported to the hotline involved pimp-controlled prostitution, commercial-front brothels, and escort services.
- 41% of sex trafficking cases referenced are U.S. citizens as victims.
- Females were referenced as victims in 85% of sex trafficking cases.
- Children under 18 are particularly vulnerable to exploitation, and minors have been reported in nearly every form of sexual trafficking.
- 74% of child trafficking cases involve sex trafficking.
- The International Labor Organization estimates 5.5 million children globally being trafficked.
- In 2013, the NHTRC operated by Polaris Project received multiple reports of human trafficking cases from all 50 states and D.C; **85 of these calls were regarding victims in Hawaii.**
- There is no official estimate of the total number of human trafficking victims in the U.S. however, there is a general consensus of 100,000 estimated children being sex trafficked in the U.S. annually.
- Between 1.6 and 2.8 million youth runaway each year.
- Youth aged 12-17 are at higher risk for homelessness than adults.
- 47% of runaway/homeless youth indicated that conflict between them and their parents or guardian was a major problem.
- 80% of runaway and homeless girls reported having ever been sexually or physically abused.
- 34% of runaway youths (girls and boys) reported sexual abuse before leaving home.
- 7% of youth in runaway and homeless youth shelters and 14% of youth on the street had traded sex for money, food, shelter, or drugs in the last twelve months when surveyed in 1995.
- Approximately 48.2% of youth living on the street and 33.2% of youth living in a shelter reported becoming pregnant.
- Approximately 10% of shelter youth and 28% of street youths report having participated in survival sex. Survival sex includes the exchange of sex for shelter, food, drugs, or other subsistence needs.

Approximately 100-200 children are reported missing every month in Hawai`i. It is often believed that these children have “chosen” the street life alternatively to “behaving” at home and subsequently fell into a life of exploitation. This presumption fails to account for the push to the streets that 80 percent of child victims of prostitution have suffered from sexual and other serious abuses before leaving home⁵. Once on the streets, sex-offenders and sexual predators exploit these children who are seeking basic needs such as love, need for encouragement, food, and shelter. The children quickly fall victim to deceit, coercion, and force that compels them into prostitution.

The Hawaii justice system is well aware of the sex trafficking facts in our state, and is increasingly recognizing these children as victims instead of criminals. Law

⁵ Bagley, C. & Young, L. (1987). Juvenile Prostitution and Child Sexual Abuse: a controlled study. *Canadian Journal of Community Mental Health*, Vol 6:5-26.

<http://cjcmbh.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,1,7;journal,51,62;linkingpublicationresults,1:120150,1> (Accessed 11/4/11)

enforcement is now actively targeting the perpetrators who profit from the sexual exploitation of children. However, these same officials are disarmed in their efforts with the lack of dedicated homes and services that cater specifically to the underage victims they recover. While the paradigm shift in viewing the child, as a victim is long overdue, the reality of treatment is quite different due to the lack of shelters and resources.

According to the Attorney General's Missing Children Center Hawaii (MCCH), from 2009 – 2013 there were 18 juveniles arrested for prostitution, 16 of which were females. According to the MCCH, up until 2013 it was law enforcements practice not to arrest minors for prostitution but return them to their families or guardians, resulting in low identification and even lower reported cases. Utilizing the Dallas Police Departments High-Risk Victims Unit model, the MCCH was able to obtain a estimate of the extent of the CSEC problem in Hawai'i. According to the MCCH a list of "high risk" youth was compiled by using the following criteria: chronic runners (youth with 3 or more runaways on record) who also had a history of sex abuse/assault, and were between the ages of 11 and 18. This list was then taken to the Family Court system and agencies known for working with sexual assault victims to identify any confirmed or highly suspected cases of human sex trafficking. Of the 125 youth identified as high risk, 25% percent were flagged as confirmed or highly suspected cases.

In 2014 the Honolulu Police Department Vice and Morals unit, began arresting minors engaging in prostitution in an effort to increase identification, ensure victims are referred for comprehensive services, and to decrease the likelihood of the victim returning to their trafficker. According to the MCCH, in 2014 there were 12 arrests of confirmed sex trafficked girls in the state of Hawai'i.

The Susannah Wesley Community Center (SWCC) provides crisis intervention and comprehensive case management services to human trafficking victims under grants by the Department of Labor & Industrial Relations -Office of Victims of Crime/Office of Community Services, and U.S. Committee for Refugees and Immigrants (USCRI). According to their data collection 12 girls were confirmed Domestic Minor Sex Trafficking victims who reportedly would have benefited from being admitted into a Special Treatment Facility designed specifically for sexually trafficked minors. Of these 12 girls two were sent to mainland facilities for treatment, six were placed in locked facilities, and five were returned to families with reported and documented dysfunction. Of the two girls relocated to mainland facilities, one eloped from the program and was missing on the mainland for several weeks before being located, once located she was returned to Oahu and placed in the Hawaii Youth Correctional Facility for her safety. The second girl placed in the mainland treatment program also eloped during her treatment (which she attributed to missing her family) but returned and completed treatment. Additionally, SWCC reports being contacted by mainland victim service providers seeking to place girls at high risk of recidivism in a Hawai'i sex trafficking specific Special Treatment Facility to thwart the victims chances of returning to their trafficker due to close proximity.

In January 2014, the Family Court of the First Circuit, Hawaii State Judiciary conducted a study designed to explore the social conditions among girls at risk of commercial sexual exploitation through prostitution with the goal of improving early

identification and improving victim services⁶. Family Court acknowledges that the case load is not representative of the sample, however they identified a initial 19 cases that fit the profile of a sexually trafficked minors as evidenced by report history, however they were unable to locate 4 of the girls, and therefore their study consists of 15 sex trafficking survivors. The 15 girls studied, were identified as being involved in commercial sexual exploitation through prostitution by six agencies that work with human trafficking victims. Of the 15 confirmed cases of CSEC, only 5 were arrested for prostitution, however 10 had histories of status offense arrests (run-aways). Of the 15 girls, 10 had histories of abuse with 4 being physically abused, 3 being sexually abused, and 2 experiencing both physical and sexual abuse prior to their trafficking experience. In addition, household instability evidenced by the involvement of Child Welfare Services (CWS) was present in 12 cases.

In an April 2014 survey of 10 Hawaii Juvenile Probation Intake Officers participating in training to identify juvenile sex-trafficked victims, the officers reported an informed belief that in the previous 12 months not less than 30 children may have been unidentified victims of sex trafficking.

Nationally, there are 407,000 children in Foster Care, in Hawai'i there were reportedly 1,368 in Foster Care in 2012 with 611 females being confirmed victims of sexual abuse, physical abuse, or neglect. From these 611, there is a reported 100-200 who runaway from their abusive homes on a monthly basis. Research on the Domestic Minor Sex Trafficking (DMST) population reports that within 48 hours of running away from home a girl is approached by a trafficker/pimp looking to exploit their vulnerabilities⁷; Hawai'i is no exception to this rule. Compiling this evidence one is able to draw a clear conclusion: minimally, there are hundreds of Hawai'i's keiki who are vulnerable to traffickers each month. There is no absence of need for our services. Ho'ōla Nā Pua is confident that our aggressive first-responder training programs, collaborative public education, and advocacy efforts will serve as a "tipping point" that catalyzes and supports local responders to increase diligence in the identification of victims.

Identification of victims is only the tip of the iceberg; commercial sexually exploited children are most often subjected to a systemic cycle through which they end up back in the control of their trafficker. Behavioral observations tend to evidence that despite being in the custody of a non-trauma informed care system, the children are only physically away from their trafficker, but not free from their control. Youth correctional facilities become a temporary and transitional holding and control stopover where the victims pass the time believing their self-perpetuated sense of invaluableness when apart from their perpetrator. Numerous studies on this topic have detailed the need for underage prostituted victims to be rescued from their exploitative captivity with care and services that assists in self-renewal and prevents recidivating trauma and exploitation⁸.

⁶ Sadaya-Ibu, M. N., JJIS (2014). Commercial Sexual Exploitation Project. *Crime Prevention and Justice Assistance Division*. Department of Attorney General, State of Hawaii.

⁷ Kotlra, K. (2010). Domestic Minor Sex Trafficking in the United States. *Social Work* 55,2.

⁸ Clawson, H. J., Dutch, N. M., Solomon, A., & Grace, L. G. (2009). Study of HHS Programs Serving Human Trafficking Victims: Final Report. *U.S. Department of Health & Human Services. Office of the Assistant Secretary for Planning and Evaluation*. Found on <http://aspe.hhs.gov/hsp/07/humantrafficking/final/index.pdf>.

Superseding the realities for juvenile sex trafficking victims in our islands is the crucial need for Hawai'i's children to be able to receive safe, therapeutic, long-term residential treatment within our islands. Ho'ōla Nā Pua is seeking to provide this safe long-term bed care through our 32-bed Special Treatment Facility.

Ho'ōla Nā Pua's request for a 32-bed Special Treatment Facility is substantiated by previous reports of CSEC prevalence in Hawai'i, the increase in CSEC victim identification due to the rise in awareness from trainings and outreaches provided by Ho'ōla Nā Pua and other agencies addressing human trafficking prevention, and the fact that Ho'ōla Nā Pua will accept both domestic and international CSEC victims.

Accessibility

The proposed services will be accessible to all residents in the state of Hawai'i suffering from CSEC. Specifically, our facility will serve female juveniles who have been sexually trafficked, low-income persons, racial and ethnic minorities, persons with disabilities, and other underserved groups. The project will provide services for the residents of Oahu, outer islands, mainland, and international victims. Ho'ōla Nā Pua will be accessible to our target population on the island of Oahu by car or public transportation, to the entire state via inter-island flights, and via domestic or international flights for those located out of state.

The proposed Specialized Treatment Facility program accepts all referrals found to be appropriate from the Family Courts system, Government organizations, Non-Governmental Organizations, and Private residents without regard to race, ethnicity, gender, age, religion, sexual preference, income, or disability. Ho'ōla Nā Pua accepts all forms of medical insurance, will apply to receive state appropriation funds, grants, and private funds; we will provide services to individuals without funds but will require guardians to apply for medical insurance prior to admittance.

c) Quality of Service/Care

The proposed program, Ho'ōla Nā Pua, will improve the quality of care being delivered to our target group by ensuring our residents receive a variety of empirically based treatment and intervention modalities created specifically for our population. Integrating group and individual therapy with adjunct therapies, along with mental and physical health care, educational needs and assessments, activities of daily living, spiritual healing, Hawaiian culture and values, sustainability projects, family reunification and therapy will all be key components in our proposed program. Our goal is to provide the best practices and interventions available to equip the girls with the life skills, education, and coping skills needed for successful reintegration back into our community. Our quality services will include but are not limited to:

- Providing residents with a beautiful loving home, the ability to ride horses through our equine therapy program, a healthy family-like environment, fresh ocean air and the tranquility of the North Shore.
- Providing residents the healing environment of nature and physical exercise on our expansive land that offers space for hiking and walking, an area for play and group activities and games, and agricultural acreage that provides hands on learning.

- Providing comprehensive treatment and intervention programs including:
 - Empirically based individual psychotherapy
 - Sex trafficking specific survivor therapy
 - Psycho-education groups
 - Physical fitness
 - Spiritual guidance
 - Art therapy
 - Play
 - Music therapy
 - Creativity (free art, dance, creative writing, etc.)
 - Skill building
 - Structured art and recreational programs
 - Appropriate socialization, communication and relationship building
 - Use of community services
 - Nutrition
 - Education
 - Safety
 - Health and wholeness
 - Sustainability
 - Survivor based support groups
 - Life skills training (including cooking classes, personal hygiene, resume building, etc.)
 - Family therapy (when deemed appropriate by treatment team)
 - Parent psycho-education
 - Parent support groups
- Providing culturally sensitive care.
- Providing professional services to include: mental health therapies, dietician services, mental health nursing, and medication management by a psychiatrist
- Apply for education services provided by the Department of Education (DOE).
- Regular monitoring of our adherence to Policies and Procedures, initial and monthly in-service training of staff, weekly treatment team meetings, and clinical staff monitoring.
- Providing and maintaining appropriate staff to resident ratios (1 staff for every 3 youth).
- Providing ongoing multidisciplinary collaboration.
- Requiring and ensuring all staff are trained and certified in CPR, First Aid, Crisis Prevention Intervention (CPI), and the dynamics of CSEC victims. Continual staff training is essential for quality care.
- Apply, receive, and maintain CARF accreditation.
- Provide clear, resident specific discharge plans.

- Obtain and maintain a Special Treatment Facility license from the Office of Health Care Assurance.
- Maintain licensing standards.

In order to monitor and evaluate the quality of care provided in our program, our program's internal policies and procedures will assess the following areas on a daily to annual basis:

- Direct Observation (daily)
- Individual Renewal Plans which address social skills, psychological and emotional issues, and the resident's independent goals (monthly)
- Medication log reviews (monthly)
- Resident satisfaction surveys and self report (quarterly)
- Academic performance (quarterly)
- Program behavior modification tool review (quarterly)
- Collateral feedback (biannually)
- Medical records comparison (biannually)
- Psychodiagnostic Assessment (annually)
- Qualitative and Quantitative Research (ongoing)

Staffing

Professional staff will be individually licensed or certified in their area of expertise. Professional staff include: Clinical Director (Hawaii State Licensed Psychologist); Program Director; Hawaii State Registered Nurse; Case Manager; Administration; Psychiatrist; Masters level therapist; Bachelor level (or equivalent experience) line staff; and Dietitian/Nutritionist. A history of working with CSEC survivors is preferable for all staff. Ho'ōla Nā Pua program staff to client ratio will be high at 1 staff member to every 3 residents.

Staff will be required to attend monthly in-service training. Monthly in-services will be on a variety of subjects in direct relation to our target population. The goals of the in-service trainings will be to increase staff awareness, ensure the highest quality of resident care, and to ensure our residents are receiving the most up to date, effective treatments available. Weekly staff meetings will be required to ensure that all staff are serving our population in a cohesive and therapeutic manner. Given the complexities around this population, twice yearly a retreat will be held that addresses caregiver burnout and secondary trauma assessments and prevention.

Licensures and Certificates

Special Treatment Facility Licensure is being sought by the Hawaii Department of Health. We will apply for and maintain CARF accreditation once the facility is in operation.

Memberships and Affiliations

Ho'ōla Nā Pua strives to maintain the upmost standards of care. As such, we take a multidisciplinary approach to rehabilitating our residents. We will implement MOU's/MOA's with key organizations skilled in working with sex trafficking victims to provide services outside of our scope. These services include but are not limited to: substance abuse programs, state benefits office, career opportunities, volunteer opportunities, etc.

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

Description of the Institution's Financial Base

See Attachment 4

Financial Feasibility of the Proposed Project

Revenue for the proposed Ho'ōla Nā Pua program will be from medical insurance, private pay, fundraising, state referrals, major donors & foundations, grants, individual donors, churches and service organizations. We have been awarded a grant covering our construction costs, and have been awarded a DLNR lease of \$500 annually in lieu of the fair market value of the property. We do not anticipate any financial shortfalls.

Staffing Requirements

Consultation with local mental health and counseling experts will be a key component within our home. Long standing Hawai'i resident Dr. George Rhoades, is a national and international expert in the arena of child sexual exploitation, trauma, PTSD, and dissociative disorders and will be providing clinical and program oversight of the proposed Ho'ōla Nā Pua program. Utilizing evidenced-based treatment modalities and individualized therapy plans will be essential components of our program. Dr. Rhoades utilizes the most up to date therapy modalities to provide guidance, mental health assessments, and qualitative studies to evaluate our home and treatment modalities.

Collaboration with other service providers will be key to Ho'ōla Nā Pua program goals in meeting the comprehensive needs of DMST victims. In addition, selected interns from the Myron B Thompson School of social work as well as selected doctoral students with trauma counseling and therapy focus will be utilized. We also seek to utilize interns from the Public Health sectors.

Our multidisciplinary team members will include a registered nurse, dietician, clinical director, executive director, mental health providers, psychologists, physician, psychiatrist, lead staff, line staff, kitchen staff, security, administrative staff, HR manager, and maintenance. All will receive specialized pre-service and in-service training in working with our target population in a residential setting.

Impact of Project on Cost of Health Care

In order to assure sustainability for the first several years, our first 3 years of revenue and cost projections are written to reflect anticipated lower resident occupation. The full costs for each resident includes comprehensive individualized treatment plans to include: clinical and therapeutic costs, equine therapy costs, room, board, meals, nutritional counseling, psychiatric management, activities, outings, additional basic needs (clothing, hygiene, etc.), arts and crafting materials, and aftercare.

Our projected program amounts reflect comparable rates to what the state is paying for inpatient psychiatric hospitalization (\$262,080 annually⁹), and the Hawaii Youth Correctional Facilities (\$199,319 - \$200,000 annually¹⁰). Given the complex trauma endured by this population, care of these children requires extensive CSEC survivor specific treatment as well as an individualized approach. Caring for Commercial Sexually Exploited Children (CSEC) adds additional fees to these facilities, resulting in professionals in the field being contracted at additional costs.

The projected annual cost per resident at our facility is sufficiently lower than that of inpatient psychiatric hospitalization, and the Youth Correctional Facility with costs of \$153,193 per resident (when occupancy is low at 12 residents) and \$72,515 per resident at full capacity. Our holistic comprehensive systems of care and validation to the true victimization experienced by our residents will make Ho'ōla Nā Pua unparalleled to any other facility in the State.

Co-pay and private pay rates are exact to the co-pay and private pay costs residents would pay for similar services in the community. This is a new program so there are no applicant costs and charges prior to implementation.

Alternatives

Our program has looked at the following alternatives to opening a Special Treatment Facility:

- Foster Care/Therapeutic Foster Care: we have worked with Child Welfare Services in utilizing specialized therapeutic foster homes for CSEC girls. These placements are not ideal for the following reasons –
 - Trauma bonds (Stockholm Syndrome) formed with their traffickers resulting in them returning to their trafficker to be re-victimized.
 - Foster family's fears – foster families voiced valid fears that the traffickers/pimps will track down the youth to the foster home and place the youth, themselves, and their family in danger. In addition, foster families also fear the girl will make false allegations against males in the home, behave provocatively towards others in the home, attempt to split the parents and/or other family members, and/or try to

⁹ Center for Medicare & Medicaid Services (2014). Inpatient Psychiatric Facility Services Payment System. *DHHS update for fiscal year beginning October 2014*. Retrieved from <http://medpac.gov/documents/payment-basics/inpatient-psychiatric-facility-services-payment-system-14.pdf?sfrsn=0> on February 12, 2015.

¹⁰ Mayeda, D. T. (2010). Hawaii Youth Correctional Facility Recidivism Study. *Department of the Attorney General*. Retrieved from <http://ag.hawaii.gov/cjja/2013/01/HYCF-Recidivism-study-2005-2007pdf>. On February 12, 2015.

recruit other children in the home to engage in commercial sexual exploitation.

- Running away – foster families are not equipped to monitor the youth 24/7 and therefore this population often runs away while the family sleeps.
 - Schooling – Placing a CSEC in public school is dangerous for various reasons which include, but are not limited to: stigma from those who know of their trafficking history, the possibility of recruiting others into sexual exploitation, provocative behaviors or dress, poor boundaries, poor social skills resulting in frequent fights, the traffickers ability to track down the victim, and poor concentration due to trauma symptoms.
 - Minimal therapeutic intervention – When in outpatient settings, CSEC do not have access to intensive therapy and routinely only receive therapy on a weekly basis.
- Locked Facilities (Detention Home, Hawaii Youth Correctional Facility, locked psychiatric inpatient treatment): were not ideal for this population as they are not criminals nor are they experiencing acute psychosis. Utilizing locked facilities devalues the girls as survivors and is in direct opposition of federal law when they are criminalized. In addition, these facilities are not equipped to provide the intensive sexual trafficking survivor specific therapy essential to a survivors healing process.
 - Returning to Family Homes: In addition to running into the same issues seen with the foster homes, our organization has also found returning youth to their family home is unsuccessful due to -
 - Dysfunctional families – family dysfunction is a well-established antecedent to a youth being sexually trafficked. Returning youths to their dysfunctional home has proven to cause additional problems as the dysfunction still exists and is now compounded by the youth's trafficking experience and resulting trauma.
 - Familial Trafficking – familial trafficking is when a family member sells a child to a recruiter, pimp, or anyone for sexual purposes in exchange for drugs, money, or monetary goods. Victims of familial trafficking often do not report familial trafficking due to family loyalty or fear of not being believed resulting in a large number of cases going undocumented.
 - Placing girls in CSEC specific programs on the mainland: is not ideal as it gives the youth the impression that they have done something wrong and therefore must leave the comfort of the islands they call home. In addition, many youth miss their families, face discrimination, and/or experience trouble assimilating into these programs and as a result runaway placing them in great danger of being re-trafficked, or in serious danger from the fast paced cities they are too naive to navigate.

Although, not all attempts at the above placements have turned out poorly it can be definitively stated that even those who remained in placement would have benefited from a CSEC specific therapeutic long-term residential facility located on our islands.

e) Relationship to the existing health care system

Improvement to the Existing Health Care System

This proposed Special Treatment Facility, providing long-term therapeutic residential treatment for girls between the ages of 11 through 18 who have endured commercial sexual exploitation, fills the gap between identification and community living. We will provide wrap around services on island that addresses the complex needs of this population of children. Currently underage girls who have been sexually exploited are placed in locked facilities or out sent out of state for treatment at programs on the mainland. The proposed program will: decriminalize underage victims, provide a safe and loving home for survivors that embraces holistic healing, provide population specific treatment modalities, contribute to the existing base of research literature while simultaneously demonstrating and generating new research surrounding treatment interventions and modalities for sexually exploited children. This residential program will allow for increased bed capacity for other inpatient psychiatric beds for those in acute situations. Each resident will be supported to create an Individualized Renewal Plan to: develop clear goals and objectives throughout their stay, increase pro-social living skills, support residents in developing forward thinking, and assist residents in reintegrating back into their families and community.

There are significant gaps and deficits in the research literature surrounding the dynamics and treatment of the CSEC population. Clinicians who do not have a background of working with this population are often at a loss to what interventions to employ, resulting in substandard treatment, high recidivism and revictimization. Ho'ōla Nā Pua will conduct ongoing research in our home while simultaneously providing treatment interventions allowing us to fill literature gaps.

Ho'ōla Nā Pua will improve the availability of health care in the community, as no such program currently exists. The existence of our program will provide families with hope that their child will one day heal from their trauma, allows for healing of the family unit, and eventual reintegration of the child into the family and their community. Our program will accept all residents who fit our criteria for entrance into the program regardless of their ability to pay.

Ho'ōla Nā Pua will improve accessibility to health care in the community by being within driving distance, or a short inter-island flight for all residents. Hawaii families will no longer have to travel to the prisons, psychiatric wards, or purchase flights and hotel stays on the mainland to visit their child.

In addition to our contributions to the healing of CSEC victims, our organization will also contribute to the health care community by providing employment opportunities to professionals on the island of Oahu.

Effect on Other Health Care Providers

The proposed program will positively affect health care services in the community in the following manners:

- We will utilize a neighboring hospital for emergency, dental and general medical concerns.
- Ho'ōla Nā Pua will maintain existing, and develop new professional relationships to collaborate services with other State, Federal, and private providers in Hawai'i. These collaborations will provide multidisciplinary care to address our target populations' needs across various systems of care.
- We will collaborate and make referrals to the existing substance abuse programs for our resident's who struggle with drug and alcohol addictions.
- Treatment for the girls sexual trafficking sequelae will reduce chronic overutilization of the detention home, inpatient psychiatric facilities, substance abuse treatment facilities, youth corrections facilities, emergency rooms and other mental health services repeatedly accessed by CSEC victims prior to sex trafficking specific residential placement.
- Ho'ōla Nā Pua will help fill the gap between identification and community and/or family reunification in the State of Hawai'i.

f) Availability of Resources.

The Ho'ōla Nā Pua volunteer effort began in 2009 as Justice Project Hawai'i with a vision to build Hawai'i's first licensed residential home for underage girls who have escaped or were removed from the atrocity of sex trafficking. From 2011 to 2013 we aligned with Courage Worldwide, Inc. (CWW) in Rocklin, California to umbrella the Hawai'i effort to raise support and funding to secure land and build a home for girls in Hawai'i as modeled after their program called "Courage House". Until 2013 we bannered our effort to secure a home as Courage House Hawai'i until we wholly separated from CWW and formed independently as Ho'ōla Nā Pua.

Over the past 5 years our volunteer pool has grown to 300 persons. Of our 300 volunteers, 51 are in medicinal occupations; of these 51 volunteers 31 expressed interest in a future career with Ho'ōla Nā Pua. In addition, we will partner with graduate schools to utilize mental health and social work Interns desiring to gain education and experience in working with our target population. We do not anticipate difficulties staffing the home.

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.