

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

January 6, 2004

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Ms. Ana Rosal
Executive Director
Catholic Charities Family Services
200 North Vineyard Boulevard, Suite 200
Honolulu, Hawaii 96817

Dear Ms. Rosal:

The State Health Planning and Development Agency has evaluated your application for Certificate of Need ("Cert.") #03-41A for the establishment of a 5 bed Special Treatment Facility at 334 Kellog Street, Wahiawa, HI at capital cost of \$252,000.

As provided under Section 11-186-99.1 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. The Agency has determined that the applicant has proven by a preponderance of evidence that its proposal meets the Cert. criteria in Section 11-186-15, HAR:
 - a. The applicant states that its proposal is consistent with the Hawaii Health Performance Plan (H2P2) including the provisions of *Chapter XI - Behavioral Health: Mental Health, Alcohol, Other Drugs and Tobacco*.
 - b. The applicant states that "The target population for this proposal is youth ages 12-20 years old who have been assessed as emotionally impaired and behaviorally challenged. In addition, these youth's primary issues are related to sexual abuse."
 - c. The applicant states that "No other provider offers the residential services available at this facility."
 - d. The applicant states that "According to Family Court's estimation, there are 80 youth in the juvenile justice system that are in need of this service."
 - e. The applicant states that under its current licensure only youth who are classified under the Felix Class can receive this service.

- f. The applicant states that its proposal will allow it to "... continue to serve Felix class youth ages 12 to 20 years old and to also accept non-Felix class youth of the same age category for the same service."
- g. The applicant states that the occupancy rate for its facility for the past two years was approximately 96% and that it anticipates this occupancy rate will continue in the future.
- h. The applicant states that "...all youth in the State of Hawai'i will have access to this service regardless of their race, ethnicity, gender, sexual orientation, religion, social economic status or disability."
- i. The applicant states that "The agency is accredited through the Council on Accreditation (COA). It is also a Child Placing Organization (CPO) with DHS. The agency has been a member of the Teaching-Family Association (TFA) and is certified as a Certified Sponsor Agency..."
- j. The applicant states that it is licensed by the Department of Health and all staff meets credentialing requirements established and approved by the DOH-CAMHD.
- k. The applicant projects that total expenses to operate the facility will be \$658,665 for FY 2003-2004 and \$694,230 for FY 2005-2006. The applicant further states that revenue will be available to cover these expenses from a contract with DOH-CAMHD and other sources such as DHS, the Judiciary, private grants and contributions.
- l. The applicant states that "The facility provides a placement alternative for youth that are currently being serviced by more restrictive or acute facilities, thus freeing up residential treatment beds and acute hospital beds for the most seriously ill."
- m. The applicant states that "There is a sufficient number of staff to provide this service and therefore, no new staff will be hired to operate the program."
- n. The applicant states that capital resources are already in place for the proposal and no additional resources are required.

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

As required under 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 Catholic Charities Family Services for the proposal described in Cert. #03-41A. The maximum capital expenditure allowed under this approval is \$252,000.

#03-41A, Administrative Review Decision
January 6, 2004
Page 3

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.

C: OHCA



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 January 6, 2004:

Ms. Ana Rosal
Executive Director
Catholic Charities Family Services
200 North Vineyard Blvd., Suite 200
Honolulu, Hawaii 96817

HAWAII STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY


David T. Sakamoto, M.D.
Administrator