



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

ADMINISTRATIVE APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: # 19-02A Date of Receipt:
To be assigned by Agency

APPLICANT PROFILE

Project Title: Establishment of an 8 Bed Special Treatment Facility

Project Address: 1786 Kinoole Street

Hilo, Hawaii 96720

Applicant Facility/Organization: The Salvation Army

Name of CEO or equivalent: Roxanne Costa

Title: Executive Director

Address: PO Box 5085 Hilo, Hawaii 96720

Phone Number: (808) 959-5855 ext. 101 Fax Number: (808) 959-2301

Contact Person for this Application: Marvin St. Clair, LCSW

Title: Clinical Director

Address: PO Box 5085 Hilo, Hawaii 96720

Phone Number: (808) 959-5855 ext. 106 Fax Number: (808) 959-2301

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

1/30/19

Date

Roxanne Costa

Name (please type or print)

Executive Director

Title (please type or print)

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

Public	_____
Private	_____
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:	_____
Honolulu:	_____
Windward O`ahu:	_____
West O`ahu:	_____
Maui County:	_____
Kaua`i County:	_____
Hawai`i County:	_____ x

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

- 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					

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		8	8
TOTAL		8	8

6. PROJECT COSTS AND SOURCES OF FUNDS

A. List All Project Costs:		AMOUNT:
1.	Land Acquisition	<u>\$225,000</u>
2.	Construction Contract	_____
3.	Fixed Equipment	_____
4.	Movable Equipment	_____
5.	Financing Costs	_____
6.	Fair Market Value of assets acquired by lease, rent, donation, etc.	_____
7.	Other: _____	_____
TOTAL PROJECT COST:		<u>\$225,000</u>

B. Source of Funds		
1.	Cash	<u>\$225,000</u>
2.	State Appropriations	_____
3.	Other Grants	_____
4.	Fund Drive	_____
5.	Debt	_____
6.	Other: _____	_____
TOTAL SOURCE OF FUNDS:		<u>\$225,000</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.

Establishment of an 8 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,
 - 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.
- a) Relationship to 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.

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.



DOING THE
MOST GOOD

Founded in 1865

William Booth
Founder

Brian Peddie
General

Kenneth Hodder
Territorial Commander

Jeffrey Martin
Eloisa Martin
Divisional Leaders

Roxanne Costa
Executive Director

Michael Chung
*Administrative
Services Director*

The Salvation Army

Family Intervention Services

"To provide youth with skills for a healthy life, and instill purpose, hope and vision to youth and their families."

9. IMPLEMENTATION SCHEDULE:

a) Date of site control for the proposed project:

Site Control Complete. The building was constructed in 1987 and is owned by The Salvation Army. Please see attached County of Hawaii Real Property Tax information.

b) Dates by which other government approvals/permits will be applied for and received:

Will apply for a Special Treatment Facility license upon approval of this Certificate of Need. All county permits acquired and attached.

c) Dates by which financing is assured for the project:

Contract with the Hawaii Department of Health Child and Adolescent Mental Health Division executed July 1, 2018

d) Date construction will commence:

Not applicable

e) Length of construction period:

Not applicable

f) Date of completion of the project:

The Community Based Residential 3 (CBR3) program is ready to accept residents. Awaiting approval of this Certificate of Need, that needs to be submitted with our Special Treatment Facility application.

g) Date of commencement of operation:

Upon receiving our Special Treatment Facility license from The Office of Health Care Assurance (OHCA), residents will be accepted into the program.

10. Executive Summary

The Salvation Army Family Intervention Services Programs of Hilo (TSA-FIS) requests approval of a Certificate of Need.

TSA-FIS has contracted with the Hawaii Department of Health Child and Adolescent Mental Health Division (CAMHD) to open and operate an eight bed Community Based Residential (CBR3) program for adolescent boys ages twelve to seventeen.

The project entails renovating a three-bedroom, two bath structure on our currently owned site located at 1786 Kinoole Street in Hilo. The program also involves hiring and training qualified staff, providing a therapeutic milieu and therapeutic behavioral health services by trained professional staff.

This service provides youth with integrated treatment to address the behavioral, emotional and/or family problems which prevent the youth from taking part in family and/or community life.

The treatment primarily provides social, psychosocial, educational, and rehabilitative training and focuses on reintegration back into the family. Active family/guardian involvement through family therapy is a key element of reintegration into home, school, and community life as well as transitional supports to the youth and family to facilitate discharge to a "stepped-down," less intensive service.

Those boys admitted are boys who would be a risk to self or others if not in a residential treatment program and admission is medically necessary as evidenced by one of the following:

- a. Severe functional impairment in at least three (3) domains of the youth's life (i.e. home, school, emotions);
- b. Recent history (past two (2) months) of suicidal/homicidal ideation or severely impulsive or aggressive behavior; or
- c. Substance dependency as evidenced by cravings and/or withdrawal symptoms not so severe as to require hospitalized treatment

It will also have been documented that an adequate trial of active treatment in a less restrictive level of care that has been unsuccessful or there is clear and compelling documented clinical evidence that the youth is inappropriate for a trial of less restrictive treatment.

In short, these are boys who are at risk for behaviors that could cause significant damage to themselves or others and for a higher level of care that could include hospitalization or incarceration or both.

Some will be approaching their 18th birthday and will soon be at risk for the attention of the adult criminal justice system if left untreated.

1. RELATION TO THE STATE PLAN CRITERION

A. Chapter 2 Thresholds and Suboptimization

The program does not involve one of the services covered in Chapter 2 of the plan.

The mission of The Salvation Army's Family Intervention Services is:

"To provide youth with skills for a healthy life; and instill hope and vision to youth and their families"

The program is funded through CAHMD whose mission is to provide timely and effective mental health prevention, assessment, and treatment services to children and adolescents with emotional and behavioral challenges and their families. These services are provided within a system of care that integrates Hawaii Child and Adolescent Service System Principles (CASSP), evidence-based services, continuous quality monitoring, and Medicaid requirements. CAMHD provides services monthly to approximately 1,000 children and adolescents between the ages of three (3) to twenty (20) years of age who meet the eligibility criteria and their families, statewide.

TSA-FIS shares CAHMD's commitment to the CASSP principles. As follows:

Respect for Individual Rights: The rights of children and youth will be protected, and effective advocacy efforts for children and youth will be promoted.

Individualization Services are children and youth and family centered and culturally sensitive, with the unique needs of the youth and family dictating the types and mix of services provided.

Early Intervention: Early identification of social, emotional, physical, and educational needs will be promoted to enhance the likelihood of successful early intervention and lessen the need for more intensive and restrictive services.

Partnership with Youth and Families: Families or surrogate families will be full participants in all aspects of the planning and delivery of services. As children reach maturity, they will be full participants in all aspects of the planning and delivery of services.

Family Strengthening: Family preservation and strengthening, along with the promotion of physical and emotional well-being, is a primary focus of the system of care. Services that require removal of children and youth from their home will be considered only when all other options have been exhausted, and services aimed at returning the children and youth to their family or other permanent placement are an integral consideration at the time of removal.

Access to Comprehensive Array of Services: There will be access to a comprehensive array of services that addresses each child's unique needs.

Community-based Service Delivery Service availability, management and decision-making rest at the community levels. **Least Restrictive Interventions**

Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.

The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that children and youth can move throughout the system in accordance with their changing needs, regardless of point of entry.

The Salvation Army Family Intervention Services Community Based Residential 3 treatment program, Ku Ho'omana, will provide an essential addition to the range of services available to adolescent boys and their families.

B. Statewide and Regional Priorities

The program is open to referrals statewide.

The Ku Ho'omana program is consistent with the statewide and regional priorities in that it adds an essential element to the continuity of care and provides a cost-effective means of diverting young boys from more restrictive and more costly options through evidenced based treatment designed to alter and improve self-destructive and potentially dangerous behaviors, as well as increasing and improving access to mental health programs, services, and education.

Statewide Priorities:

1. Increase and improve access to mental health program, services, and education. Ku Ho'omana will allow previously unavailable mental health services to youth, boys.

Hawaii County priorities:

1. Facilities Shortage. Ku Ho'omana will be filling a gap in services locally, instead of sending our youth to the mainland.

Section B Need and Accessibility

1. Service Area

Referrals will be accepted statewide.

2. Estimates of Need, Demand and Supply

The Ku Ho'omana program will provide services to those on the higher end of the spectrum aged 12 to 17. It is expected that the eight beds will reach capacity in short order and remain so indefinitely.

What follows is excerpted from CAHMD current strategic plan outlining estimates of Seriously Emotionally disturbed youth among the population.

According to the President's New Freedom Commission's report, *Achieving the Promise: Transforming Mental Health Care in America*, about 5% to 9% of children ages 9-17 have a serious emotional disturbance. Using the 2010 census, the prevalence of SED by county for

individuals aged 10-19 is shown in the table below and is expected to be 8,375 – 15,077 statewide.

Estimated Range of Number of SED Youth Aged 10-19 Years by County, based on 2010 Census.

County (9%)	Total	Youth Lower SED Number (5%)	Upper SED Number
Hawaii	23,610	1,180	2,125
Honolulu	116,491	5,824	10,484
Kauai	8,201	410	738
Maui	19,231	961	1,730
STATE	167,533	8,375	15,077

Statement of Accessibility –

The Ku Ho’omana program will be accessible to all boys, between the ages of 12 to 18, without regard to race, ethnicity or their ability to pay.

Section C Quality of Care

1. Quality of Care

A. Description of how the proposal will improve the quality of care delivered to the target group.

The proposed program will improve the quality of care by providing:

1. Evidence-based treatment interventions, milieu-based programming, and activities designed to improve the functioning of the youth served.
2. An orderly schedule and normalized routine of therapeutic activities consistent with a trauma-informed approach are designed to improve behavior and functioning and support the development of daily living and independent living skills.
3. Opportunities for the youth to engage in age-appropriate structured recreational activities that support the development of positive social and interpersonal skills.
4. Group therapy at a minimum five (5) times a week.
5. The treatment is family-centered and includes regular, intensive individual and family therapy (at least three (3) therapy sessions a week). At minimum one (1) of these therapy sessions shall be a modality-driven family therapy session in support of safely transitioning the youth to his/her home/community. In cases where there is no

sessions shall be a modality-driven family therapy session in support of safely transitioning the youth to his/her home/community. In cases where there is no family/guardian to participate in family therapy, discussions with social worker or care coordinator to support transitioning the youth to his/her home/community is acceptable.

6. Comprehensive psychiatric services to include medical evaluation, medication review, adjustment, and monitoring at least once (1) a month or as indicated by treatment plan. Psychiatrist is available for consultation with program staff as needed to guide treatment.

7. On-site DOE educational program that addresses the youth's educational needs including the educational goals and objectives identified in the youth's IEP (if applicable).

8. Structured pre-vocational and vocational training activities as applicable.

9. Integrated individualized substance abuse counseling and education as indicated in youth's plan.

10. A documented MHTP that identifies targets of treatment connected to realistic goals that will be developed as part of the initial assessment process and includes information from the pre-admission meeting and CMP. The MHTP will be evaluated and revised as necessary, at least monthly as treatment proceeds and will include the youth, family/guardian and other relevant treatment team members.

a. The crisis component of the MHTP will identify the youth's problematic behaviors, setting events, triggers and preferred means of calming or regaining control along with the steps the caregivers will take in the event the behavior escalates out of control. The crisis plan builds on available information from the youth's personal safety plan in the CSP. The crisis plan will focus on early intervention for any problematic behavior to reduce the need to take reactive steps.

b. The discharge component of the MHTP will specify discharge criteria directly linked to behaviors/symptoms that resulted in the admission, time frame for discharge and any aftercare resources needed to transition the youth to a less restrictive level of treatment. Planning begins at the pre-admission meeting and is revised throughout treatment to ensure that any potential obstacles to discharge are recognized and addressed before anticipated discharge date.

10. Treatment is designed to include all members of the family/caregivers, not just the specific youth through regular family therapy and therapeutic home passes.

11. If the youth is involved in treatment with another behavioral health provider(s) then, with proper consent, Ku Ho'omana will notify any other behavioral health provider(s) of the youth's status to ensure care is coordinated.

Ku Ho'omana will provide, when clinically indicated, direct transitional support services to facilitate a successful discharge from the program and engagement in the stepdown services. This service includes home-based intervention to conclude the family therapy work started while in the residential treatment program. When a youth steps-down to another island, telehealth technology shall be used to deliver these interventions.

B. Internal policies to monitor and evaluate quality of care

Ku Ho'omana has developed means to monitor and evaluate quality of care through systems and procedures of individual and group supervision as well as ongoing training, and through regular administration of functional assessment.

In addition, the program will monitor and evaluate complaints, grievances, and sentinel events and take corrective action as indicated.

CAHMD also tracks client progress in the aggregate and will report the information to the program. (program Policy and Procedure handbook attached)

The program will apply for CARF accreditation in 2019

- C. The Salvation Army Family Intervention Services has not provided health services in an existing facility or other places

2. Staffing

A. Patient Care Staff

Ku Ho'omana will be staffed 24/7 by trained and qualified paraprofessionals under the supervision of a program manager. The staff of eight full time paraprofessional employees will be supplemented by a cadre of on call staff. There will always be a minimum of 1 staff to 4 residents.

The program is managed by a Qualified Mental Health Professional and includes a full time Master's level therapist and a part time Registered Nurse. Teacher(s) will be provided by the Department of Education.

B. Special Qualifications of staff

The program has an assigned Qualified Mental Health Professional (QMHP, a Licensed professional) who is knowledgeable of evidenced-based treatment. The QMHP is responsible for the treatment program and for those in care. The QMHP is on-call coverage twenty-four (24) hours per day/seven (7) days a week.

1. The staff includes:
 - a. Licensed psychiatrist on staff or contracted consultant;
 - b. QMHP/clinical supervisor;
 - c. Mental Health Professional (Master's level) therapist(s);
 - d. Licensed registered nurse;
 - e. CSAC or an individual with equivalent specialized substance abuse training and experience on staff or contracted consultant;
 - f. Paraprofessional Residential Counselors

C. Continuing education efforts

All new hires will receive a minimum of 30 hours of orientation and training prior to providing direct services. Ongoing training will include:

- Information and education relevant to the needs of the persons served
- Training that includes areas that reflect the specific needs of the persons served
- Training that includes clinical skills that are appropriate for the position
- Training that includes person-centered plan development
- Training that includes interviewing skills
- Training that includes program-related research-based treatment approaches
- Training that includes identification of clinical risk factors, including suicide, violence, and other risky behaviors
- Documented competency-based training
- Training and education regarding medications
- Training that addresses use of seclusion and restraint and includes all areas identified in the standard
- Education on ethical codes of conduct
- Education designed to reduce identified physical risks
- Training in health and safety practices
- Training in identification of unsafe environmental factors
- Training in emergency procedures
- Training in identification and reporting of critical incidents
- Training in reducing physical risks
- Training regarding workplace violence
- Training regarding infections and communicable diseases
- Training of drivers regarding the organization's transportation procedures and unique needs of persons served

Ku Ho'omana subscribes to the Relias online train program and offers numerous additional training opportunities.

3. Licensures and certificates

4. *Memberships and Affiliations*

None

5. *Medicare Reports*

Not applicable

D. Cost and Finances

Please see attached audited financial statements for the last two years, a three year projection of revenues and expenses for the proposed services, and a facility operation information worksheet.

E. Relationship to the Existing Health Care System

Ku Ho'omana, our CBR3 program, fits into the existing health care system as it will keep youth out of the emergency rooms and placed into the appropriate mental health facility.

F. Availability of Resources

Funding for this program was awarded by the Department of Health Child and Adolescent Mental Health Division to The Salvation Army Family Intervention Services in July of 2018 to operate an 8 bed Community Based Residential program for boys. All positions for this program were advertised for employment at a variety of venues. All positions have been filled, except those services which we will be sub-contracting.