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ADMINISTRATIVE APPLICATION - CERTIFICATE OF NEED PROGRAM

STATE HEALTH PLANNING
& DEV. AGENCY

Application Number: # 21-07A Date of Receipt: _____
To be assigned by Agency

APPLICANT PROFILE

Project Title: Establishment of 20 Bed Special Treatment Facility

Project Address: Makaha Gateway Makai, 84-1170 Farrington Highway, Unit 4B
Waianae, HI 96792

Applicant Facility/Organization: Drug, Alcohol, Mental Health Counseling & Evaluation Services, Inc.

Name of CEO or equivalent: Phyllis Rooney

Title: CEO

Address: 1097 Kaumoku Street, Honolulu, HI 96825

Phone Number: 808-295-5319 Fax Number: 866-264-0072

Contact Person for this Application: Phyllis Rooney

Title: CEO

Address: 1097 Kaumoku Street, Honolulu, HI 96825

Phone Number: 808-295-5319 Fax Number: 866-264-0072

CERTIFICATION BY APPLICANT

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

Signature

Date

Phyllis Rooney
Name (please type or print)

CEO
Title (please type or print)

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

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

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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: _____ X _____
- 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 Appendix A
- 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 STF license issued by State of Hawaii Department of Health, Office of Healthcare Assurance
- C. Your governing body: list by names, titles and address/phone numbers
 - a) Phyllis Rooney, CEO, 1097 Kaumoku Street, Honolulu, HI 96825, 808-295-5319
- 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 Appendix B
 - By-Laws – See Appendix B
 - Partnership Agreements – N/A
 - Tax Key Number (project's location) 8-4-011:038 (0002)

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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.

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	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					STF (X)
Outpatient Facility					
Private Practice					

5. **BED CHANGES.** Please complete this chart only if your project deals with a change in your bed count and/or licensed types. Again, this chart is intended to help our reviewers understand at a glance what your project would like to accomplish. Under the heading "Type of Bed," please use only the categories listed in the certificate of need rules.

Type of Bed	Current Bed Total	Proposed Beds for your Project	Total Combined Beds if your Project is Approved
STF	0	20	20
TOTAL		20	20

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6. PROJECT COSTS AND SOURCES OF FUNDS '21 APR 13 P12:17

A. List All Project Costs:

AMOUNT:

1.	Land Acquisition	ST HLTH PLAN & DEV. AGENCY 0
2.	Construction Contract	0
3.	Fixed Equipment	\$66,780
4.	Movable Equipment	0
5.	Financing Costs	0
6.	Fair Market Value of assets acquired by lease, rent, donation, etc.	\$260,000
7.	Other: _____	_____

TOTAL PROJECT COST: \$326,780

B. Source of Funds

1.	Cash	\$66,780
2.	State Appropriations	_____
3.	Other Grants	_____
4.	Fund Drive	_____
5.	Debt	_____
6.	Other: <u>Lease assets to be paid by rent</u>	\$260,000

TOTAL SOURCE OF FUNDS: \$326,780

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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.

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STATE OF NEW JERSEY
& DEV. AGENCY

Establishment of 20-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,
January 24, 2021
- b) Dates by which other government approvals/permits will be applied for and received,
STF license to be applied for upon approval of Certificate of Need.
- c) Dates by which financing is assured for the project,
N/A
- d) Date construction will commence,
N/A
- e) Length of construction period,
Not applicable
- f) Date of completion of the project,
June 1, 2021
- g) Date of commencement of operation
Upon licensing of Office of Health Care Assurance

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.

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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.

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STATE HEALTH PLANS
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Drug, Alcohol, Mental Health Counseling and Evaluation Services, Inc. is a multidisciplinary mental health care service provider based in Hawaii. We offer mental health support and care services to individuals suffering from substance abuse and drug addiction.

We also provide mental disorder treatment services to people at risk of serious emotional disturbance to improve their quality of life due to their addictions.

Our mission is to promote the well-being and mental health of individuals and families in the communities of West Oahu, Hawaii. We hope to achieve this goal by providing accessible, friendly, and high-quality mental health and substance abuse/addiction care.

We have seen many people with problematic backgrounds turned away from mental health facilities, which further increases their descent into criminal activity. Drug, Alcohol, Mental Health Counseling, and Evaluation Services, Inc. Center provides an open and accessible Alcohol and Drug abuse and addiction service to help our patients without prejudice and malice.



Figure 1 - Google Street View of Property

Makaha Gateway Makai
84-1170 Farrington Highway, Unit 4B
Waianae, Hawaii 96792



Figure 2 - Map to 84-1170 Farrington Hwy Treatment Center

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

The approval of an STF in Waianae would help address the ever-growing demand for alcohol and drug treatment, specifically Opioid, abuse and addiction in West Oahu. Honolulu County treatment providers have a bed utilization rate at or well over 75%, with some at 100%. The exceptions are Bobby Benson Center at 61% and Benchmark Behavioral Health at 59%. Both these two facilities provide services to adolescents only. Drug, Alcohol, Mental Health Counseling and Evaluation Services, Inc. will provide services to adults only.

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STATE HEALTH PLAN & DEV. AGENCY

Establishing a 20-bed STF in Waianae allows Drug, Alcohol, Mental Health Counseling, and Evaluation Services, Inc. to provide substance abuse and education that advance Hawaii Statewide Health Coordinating Council (SHCC) priorities. The program allows the SHCC to **expand and retain health care workforce to enable access to the appropriate level of care in a timely manner and ensures that any proposed service will at least maintain overall access to quality health care at a reasonable cost.** The project will support the specific health area of concern of SHCC of **increase and improve access to substance abuse programs, services, and education.**

The program will promote and support the health care delivery system's long-term viability by providing a long-term treatment option for those suffering from Alcohol and Drug abuse and addiction. The program will reduce admissions to acute care facilities and offers another option for those in need of these services.

The program **expands and retains the health care workforce and enables addiction care services in a timely manner.** The program would provide knowledgeable and capable alcohol and drug addiction counselors in a home setting accessible for qualified individuals.

By operating the 20-bed STF for Alcohol and Drug abuse and dependency, Drug, Alcohol, Mental Health Counseling and Evaluation Services, Inc. addresses a significant part of the specific area of concern of **increasing and improving access to substance abuse programs, services, and education.**

Lastly, and just as important is the program would address the West Oahu Subarea Planning Council priorities. The program will **improve and increase access to substance abuse services to those in West Oahu.**

b) Need and Accessibility

There clearly is a need for more Alcohol and Drug, specifically Opioids, abuse and addiction inpatient treatment services in West Oahu. The last Treatment Needs Assessment conducted by the State of Hawaii Department of Health, Alcohol, and Drug Abuse Division in 2007 reported that **"the overwhelming conclusion to the entire report is that there are not, nor could there ever be, enough treatment slots for all of the people diagnosed as either dependent or abusing drugs and in need of treatment services."**

Regarding Hawaii, the most recent survey data is from the 2017 – 2018 National Survey on Drug Use and Health (NSDUH) conducted by the US Department of Health and Human Services reported over 36,000 were consuming illicit drugs across the state.

To satisfy demand there is currently only one in-patient STF in the County of Honolulu that treats adults, The Salvation Army Addiction Treatment Services. The Salvation Army offers a

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social detox facility that is open from 9am to 5pm Monday to Friday. They do not administer detox medication in the case of an opioid addiction or an alcohol addiction. These patients must bring their own medications. Moreover, in the case of an emergency, patients are required to go to the Emergency Room outside of the facility operating hours. In the 2019 licensed bed utilization report the Salvation Army STF operated at a bed utilization rate of 66%.

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The proposed Waianae will be the first medical detox facility in Honolulu County. Our admitted patients will receive detox medicine directly from our medical doctors and nurses as a medical detox facility. Patients will no longer need to seek out their own medications from their own doctor. Since our proposed STF will be open 24 hours per day, seven days a week, 365 days per year, our staff will be able to handle most emergencies on location without the need of sending the patient to an emergency room.

The proposed STF at Makaha Gateway Makai, 84-1170 Farrington Highway, Unit 4B in Waianae is easily accessible by car or via public transportation with TheBus. The STF is easy to access from Honolulu International Airport for those inter-island patients.

Drug, Alcohol, Mental Health Counseling, and Evaluation Services, Inc. has a Non-Discrimination Policy and will admit qualified patients without regard to their race, color, gender, age, religion, disabilities or sexual orientation. We welcome eligible residents of the area, including the elderly, low income, ethnic and racial minorities, persons with disabilities, and other under-served groups, access to treatment services.

c) Quality of Service/Care

Drug, Alcohol, Mental Health Counseling, and Evaluation Services, Inc. will improve the quality of drug addiction care by:

- Providing specialized, treatment and addressing the specific needs of persons struggling with addictions. Through the expertise of a multi-disciplinary team: a licensed psychiatrist, psychologist, clinical social workers, certified substance abuse counselors, registered nurses, dietitian, activity coordinator and recovery coaches.
- Staffing to client ratios will be 1 to 2 minimum.
- Providing a comprehensive psychiatric evaluation to the client. The psychiatric evaluation and continuing assessment drive any pharmacologic interventions needed.
- Provide a medication regimen and management plan with nursing assessment and monitoring of clients who may be experiencing withdrawal symptoms.
- Delivering individualized treatment through the use of cognitive-behavioral therapy in individual and group settings.
- Provide services 24 hours per day, seven days per week, including but not limited to twenty-five - (25) hours of face-to-face treatment each week, medication monitoring/management, and dietary services provided by a registered dietitian.
- Ensure the participation of family members in treatment when appropriate.
- Ensure community safety, while providing a structured environment in which the individual can be maintained in a least restrictive and appropriate setting.
- Providing services in a home-like atmosphere.
- Establish quality improvement through identified performance improvement measures, as provided by the leadership team. Establish a Quality Assurance Plan along with client satisfaction surveys.
- High standards for treatment outcomes measures by using empirically-based models of treatment, effective supervision structures, and aftercare contacts. High standards for

client satisfaction and work diligently as a team to ensure a high degree of satisfaction (reflecting the hospitality "Aloha spirit," and first-class accommodations).

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- Provide staff training and ongoing, regularly occurring competencies for staff. Training will occur regularly and addresses the following: the tenants of Positive Psychology and Cognitive Behavioral Therapy, medication management, DSM-IV TR diagnosis and treatment, self-care practices, substance abuse treatment and management, diagnosis, hospitality and customer care, CPR and first aid, cultural competency, and confidentiality/HIPAA training. Training will ensure that staff understands the treatment program's goals, their roles in achieving the program goals, and the best practices to be followed for individualized treatment within the program. Staff surveys, incident reviews, and staff meetings will help identify additional training needs and areas of interest.
- Psychiatrists, psychologists, clinical social workers, and nurse practitioners are required to have a current Hawaii state license;
- Substance abuse counselors will be certified by the State of Hawaii.
- The chef will have ACF accreditation.
- All other non-licensed staff will participate in in-house training before having contact with clients.
- All staff will have a current CPR certification.

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

	Revenue	Cost Projections/Expenses
Year One	\$4,436,040	\$916,750
Year Three	\$4,436,040	\$918,786

e) Relationship to the existing health care system

Drug, Alcohol, Mental Health Counseling, and Evaluation Services, Inc. has established relationships with State of Hawaii health care system providers. This project will not adversely impact other STFs due to a small number of providers providing this level of care. As demonstrated earlier, there is a state-wide shortage of these specialized treatment center beds. The proposed services of Drug, Alcohol, Mental Health Counseling and Evaluation Services, Inc. will help to alleviate this demand.

f) Availability of Resources.

Staff - Drug, Alcohol, Mental Health Counseling, and Evaluation Services, Inc. is proposing a new residential treatment program with a team of the highest quality, experience, and skills in the drug treatment field. The leadership team is comprised of Hawaii licensed professionals with over 35 combined years of experience providing Alcohol and Drug counseling services.

- Licensed Mental Health Counselor with over 25 years of experience providing Alcohol and Drug abuse and addiction counseling services from a mental health perspective. **Available immediately from Hawaii Family Therapy and would work at this location and the Fort Street Mall location.**
- Two Medical Doctors specializing in addiction medicine with over 20 years of experience, bringing more than four decades of addiction medicine experience. **Available immediately from Locum Tenens and would work at this location and the Fort Street Mall location.**

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- Psychiatric Nurse Practitioner with over 20 years of experience. Available immediately from Locum Tenens and would work at this location and the Fort Street Mall location.
- A psychologist with over 30 years of experience. Available immediately from Hawaii Family Therapy and would work at this location and the Fort Street Mall location.
- Two Certified Substance Abuse Counselors (CSAC) with over ten years of experience each. Available immediately from local community colleges and employment agencies for these positions and would work at this location and the Fort Street Mall location.

Facility - Drug, Alcohol, Mental Health Counseling, and Evaluation Services, Inc. has already selected a building in Waianae for the STF and started to prepare the facility to provide residential drug treatment services.

All resources, including personnel, finances, facility, and other resources to start the STF on May 1, 2021, are available.

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.

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