House District \_42nd\_

### THE TWENTY- FOURTH LEGISLATURE HAWAI'I STATE LEGISLATURE

Log No: 125-C

Senate District _10th_	2	
APPLICATION FOR	GRANTS & SUBSIDIES	For Legislature's Use Only
UHAPIER 44F, MAY	VAI'I REVISED STATUTES	
Type of Grant or Subsidy Request:		
·	_	UBSIDY REQUEST
"Grant" means an award of state funds by the legislature, be activities of the recipient and permit the community to bene	y an appropriation to a specified reci- efit from those activities.	pient, to support the
"Subsidy" means an award of state funds by the legislature appropriation, to reduce the costs incurred by the organization members of the public.	, by an appropriation to a recipient sp tion or individual in providing a service	pecified in the e available to some or al
"Recipient" means any organization or person receiving a g	ırant or subsidy.	
STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST ( DEPARTMENT OF HEATH, ADULT MENTAL HEALTH DIVISION STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _HT SERVICES)	·	I 120 (OUTPATIENT
1. APPLICANT INFORMATION:	2. CONTACT PERSON FOR MATTERS APPLICATION:	INVOLVING THIS
Legal Name of Requesting Organization or Individual: Kahi Mohala Behavioral Health	Name Leonard Lincia	
Dba: Sutter Heath Pacific	Title Chief Financial Officer	·
Street Address: 91-2301 Old Fort Weaver Road	Phone # _677-2511	
Ewa Beach, HI 96706	Fax # 677-2570	
Mailing Address: same		•
3. Type of business entity:	e-mail	*
3. TYPE OF BUSINESS ENTITY:  Non profit Corporation	7. DESCRIPTIVE TITLE OF APPLICAN Repair and replacement of nursing	_
NON PROFIT CORPORATION     FOR PROFIT CORPORATION     LIMITED LIABILITY COMPANY     SOLE PROPRIETORSHIP/INDIVIDUAL	bathroom facilities at Kahi Mohala E psychiatric hospital	Station, patient and 3ehavioral Health
4. FEDERAL TAX ID #	8. FISCAL YEARS AND AMOUNT OF ST	TATE FUNDS REQUESTED:
6. SSN (IF AN INDIVIDUAL):	FY 2008-2009 \$ _452,700	
	PECIFY THE AMOUNT BY SOURCES OF FUI THE TIME OF THIS REQUEST: STATE \$ FEDERAL \$ COUNTY \$ PRIVATE/OTHER \$_131,200	NDS AVAILABLE
YPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE: FIGH   Mokak	ad Well, Nice chall Bd of	1/21/08
AUTHORIZED SIGNATURE NAME	MESTIME AIRCOLUS	DATE SIGNED

### **Application for Grants and Subsidies**

If any item is not applicable to the request, the applicant should enter "not applicable".

### I. Background and Summary

- 1. Applicant's background: Kāhi Mōhala Behavior Health is Hawai'i's only freestanding, not-for-profit psychiatric hospital. If it were not for the presence of Kāhi Mōhala, children and adults with mental health challenges would not receive the specialized health care they need in their own community. Kāhi Mōhala provides therapeutic inpatient programs for children and adults who are in need of acute care, appropriate outpatient care for less acute patients, as well as care for those who require case management for an extended period of time. Kāhi Mōhala also provides acute inpatient and continued care for patients referred from the neighbor islands, including Maui, Kauai and the Big Island, where behavioral health care services are practically nonexistent. Kāhi Mōhala treats patients who might otherwise be in the state's psychiatric hospital and forensic patients. Its services address a full array of mental health issues including substance abuse and, frequently, the issue of homelessness.
- 2. The goals and objectives related to the request: the primary goal of this request is for basic repairs to the facility to provided continued safe treatment, including the renovation of inpatient facilities at Kāhi Mōhala designated Lokelani A & B. Specific areas of concern to be addressed by this Grant-in-Aid Request include (among others): the replacement/repair of patient bathrooms and shower facilities; improvement of nursing stations in the adult inpatient units; replacement of flooring in common areas.
- 3. State the public purpose and need to be served; Kāhi Mōhala provides care and treatment to children (ages 3-12), adolescents (ages 13-17) and adults (18+) with psychiatric disorders as well as dual psychiatric and substance abuse disorders. The inpatient population at Hawai'i State Hospital continues to grow. To meet this need, Kāhi has expanded its capacity from one unit housing 16 patients to three units housing an average of 38-40 adult patients. At any given time, Kāhi Mōhala is able to serve 56 adult inpatients. In addition, Kāhi Mōhala serves patients referred from the State of Hawaii Child and Adolescent Mental Health Division (CAMHD). At any given time, there are 16-20 child and adolescent inpatients in acute and continuing treatment on campus. The hospital treats nearly 500 children and adolescents annually on an inpatient and outpatient basis. The public purpose of this request is to enhance the mental health of the population of the state and the need is to serve many of Hawai'i's most seriously mentally ill.

- 4. **Describe the target population to be served**; repair and maintenance of the Kāhi Mōhala facility directly affects the *hundreds of* mental health inpatients *served each year*, but Kāhi's ability to safely and effectively serve these patients benefits the people of the state of Hawaii. An estimated one in ten adults experience some type of mental illness. Kāhi Mōhala provides specialized care and behavioral health treatment for children (ages 3-12), adolescents (ages 13-17), and adults (18+) with dual psychiatric and substance abuse disorders. It is estimated that more than 20 percent of those under the age of 18 nationally suffer from mental health issues, with even greater prevalence in Hawai'i due to methamphetamine use.
- 5. Describe the geographic coverage: Kāhi Mōhala serves patients from all of the Hawaiian Islands. Kāhi Mōhala provides the residents of Hawai`i, and referrals from around the Pacific Rim, with quality behavioral health care. Kāhi Mōhala also provides acute inpatient care for young patients referred from the neighbor islands, including Maui, Kauai and the Big Island, where behavioral health care services are practically nonexistent.

### II. Service Summary and Outcomes

- 1. **Describe the scope of work, tasks and responsibilities**: The facilities management staff at Kāhi Mōhala has identified needed repairs for the child & adolescent inpatient facility, named *Lokelani*. These renovation projects include repairs to the showers and bathrooms, window and door replacement for the residence, and refurbishing the nurse's station on the units. The windows, flooring and light fixtures would be repaired/replaced as a matter of safety. What may not sound initially like a safety issue, such as door or window replacement, can be major issues in a psychiatric unit. Nursing station electrical repairs and bathroom renovations are badly needed.
- 2. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service;
  - a. Planning and Design: July and August 2008
  - b. Project Bidding and Purchasing; September 2008 December 2008
  - c. Project Completion: June 2009
- 3. The applicant shall describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; The Board of Directors of Kāhi Mōhala Behavioral Health (KMBH) is ultimately responsible for quality assurance and evaluation. In addition, the facilities manager for the hospital will oversee all aspects of the renovation projects with periodic review in consultation with the executive committee. Project/sub-project plans with timelines and designated responsible individuals are developed and monitored for each project undertaken at Kāhi Mōhala. Project plans are reported to and monitored by the KMBH Performance Improvement Committee monthly, with corrective actions taken, as required to ensure compliance.

4. The applicant shall list the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). Timely completion of the stated physical repairs and replacement of bathrooms, flooring, nursing stations and other safety related improvements shall be reported to the expending agency.

### III. Financial

### Budget

- 1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request. **Attached.**
- 2. The applicant shall provide its anticipated quarterly funding requirements for the fiscal year 2008-2009.

Quarter 1		Quarter 2	Quarter 3	Quarter 4	Total Grant
	0	123,800	268,900	60,000	452,700

### IV. Experience and Capability

- 1. Necessary Skills and Experience: Kāhi Mōhala is a certified Medicare provider and certified by Tricare for child and adolescent residential treatment and partial hospitalization. Kāhi Mōhala is the first hospital-based center for psychiatry in Hawaii to provide services for the military in the Pacific Rim. In addition, Kāhi Mōhala is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), certified by the Center for Medicare Services (CMS), and licensed by the State of Hawaii. Kāhi Mōhala is the only freestanding, not-for-profit, licensed center for psychiatry in Hawai'i specializing exclusively in behavioral health care. Kāhi Mōhala has on-going experience in repair and maintenance of its facilities and has once received a state of Hawaii grant-in-aid and administered its expenditure.
- 2. Facilities: Kāhi Mōhala is located on 14.5 acres, consisting of five buildings and one modular building for a total of 64,000 square feet. Built in 1982, the facility has been in continuous use for 24 years in providing inpatient and outpatient services for the people of Hawai'i. While adequately maintained, significant repair and maintenance needs to be addressed for the continued provision of quality mental health services.

### V. Personnel: Project Organization and Staffing

### 1. Proposed Staffing, Staff Qualifications, Supervision and Training

Kāhi Mōhala Behavioral Health operates 88 acute inpatient beds that are licensed by the State of Hawai'i, Department of Health. Kāhi Mōhala (KMBH) is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KMBH is accredited by JCAHO under two sets of standards: The Hospital Standards Manual and the Behavioral Health Care Manual.

For the projected duration of these capital renovations for the child and adolescent and adult inpatient units on campus, an on-site project manager will oversee and assure quality of construction, code compliance, and Interim Life Safety Measures (ILSM) when applicable. Contractors will provide all necessary labor and personnel except for Kāhi Mōhala's project manager. All workers on site will complete Kāhi Mōhala's "Vendor Orientation Packet" prior to start of work. Contractors and vendors will be chosen based on professional qualifications, competencies and referrals, and will be subject to a competitive bidding process.

### 2. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organizational chart that illustrates the placement of this request. **Attached.** 

### VI. Other

### 1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

There are no litigation or outstanding judgments against this organization (KMBH).

### 2. Licensure or Accreditation

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

Kāhi Mōhala Behavioral Health operates 88 acute inpatient beds that are licensed by the State of Hawai'i, Department of Health. Kāhi Mōhala (KMBH) is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KMBH is accredited

by JCAHO under two sets of standards: The Hospital Standards Manual and the Behavioral Health Care Manual. Kāhi Mōhala is the first hospital-based center for psychiatry in Hawai'i to provide services for the military in the Pacific Rim. As such, KMBH is a certified provider by TriCare for inpatient, residential and partial hospitalization services. In addition, Kāhi Mōhala is certified by the Center for Medicare and Medicaid Services (CMS) with fully certified child and adolescent inpatient treatment and partial hospitalization programs. Kāhi Mōhala is also a member in good standing of the American Hospital Association (AHA) and National Association of Rural Mental Health (NARMH).

### **BUDGET REQUEST BY SOURCE OF FUNDS**

(Period: July 1, 2008 to June 30, 2009)

App

Kahi Mohala Behavioral Health

	UDGET	Total State Funds Requested	Kahi Mohala Private		
		(a)	(b)	(c)	(d)
Α.	PERSONNEL COST				1.5
	1. Salaries	0	100,000		
	2. Payroll Taxes & Assessments		6,200		
ľ	3. Fringe Benefits		25,000		
1	TOTAL PERSONNEL COST		131,200		
В.	OTHER CURRENT EXPENSES	0		•	
	1. Airfare, Inter-Island	<b> </b>			•
	2. Insurance				
l	3. Lease/Rental of Equipment				
	4. Lease/Rental of Space				
l	5. Staff Training				
1	6. Supplies				
	7. Telecommunication				
	8. Utilities				
	9		•		
	10				
	11				
l	12				
•	13				
	14				
1	15				
	16				
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	18 19				
	20			·	
	20				
	TOTAL OTHER CURRENT EXPENSES				
C.	EQUIPMENT PURCHASES	0			<del> </del>
D.	MOTOR VEHICLE PURCHASES	0			-
E.	CAPITAL DETAIL ATTACHED**				•
	<del></del>	452,700	404.000		
10	TAL (A+B+C+D+E)	452,700	131,200		
			Budget Prepared B	v:	
SO	URCES OF FUNDING		Kahi Mokala	•	
		4E0 700	Barba Plead	well	538-0797
	(a) Total State Funds Requested		Name (Please type or an	-4\	Phone
١.	(b) Kahi Mohala Private	131,200	Tane (Ficasional III)	111)	B
	(c) (d)				1/2/00
	(d)		Signature of Authorizen	PHICIAI	Date
					]
TO.	TAL REVENUE	583,900	Name and Title (Please t	vne or nriph	- <u> </u>
		,	Name and Title (Please t	SI GITIL.	·
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- VIII - VIII -	

Kahi Mohala Grant In Aid Capital List 2008

Accidence Elimiting (2) \$6 000	Lokelani A	₩	000'9
(\$15.0	Lokelani A	€	15,000
Unit Cohinate	Lokelani A	9/30/08	
TV Cabinets	Lokelani A	80/08/6	
Installation	Lokelani A		
Patient Rooms (8) \$(58.800)	Lokelani A	မာ	58,800
	Lokelani A	80/08/6	
Bade (2 pa) \$14 000	Lokelani A	9/30/08	
Desk Wall Units \$16,000	Lokelani A	80/08/6	ļ
1	Lokelani A	9/30/08	Ì
Curtains \$1,600	Lokelani A	8/30/08	
Unaraded Lightfixtures (Safety) \$16,000	Lokelani A		
Davroom/Unit Flooring (\$15.000)	Lokelani A	<del>s</del>	15,000
Ilnit Kitchen (\$15.000)	Lokelani A	<del>()</del>	15,000
Cabinets \$13,000	Lokelani A	9/30/08	
Installation \$2,000	Lokelani A		
Unit Entry Lobby (\$14.000)	Lokelani A	69	14,000
Cabinate \$12.000	Lokelani A	9/30/08	
Installation \$2,000	Lokelani A	9/30/08	
Nursing Station Cabinets(\$33,100)	Lokelani B	3/31/09 \$	33,100
Nursing Station Electrical	Lokelani B	3/31/09	
_	Lokelani B	3/31/09	
- 1-	Lokelani B	1	
	Lokelani B	φ	112,000
	Lokelani B	3/31/09	
Fixtures	Lokelani B	3/31/09	
Partitions	Lokelani B	3/31/09	
Counter/Vanity	Lokelani B	3/31/09	
Plumbina	Lokelani B	3/31/09	
Tile Setter	Lokelani B		
Groundom Furniture (2)(\$6.000)	Lokelani B		000'9
Davroom Cabinets(\$15.000)	Lokelani B	3/31/09  \$	15,000
Unit Cabinets	Lokelani B	3/31/09	
TV Cabinets	Lokelani B	3/31/09	
Installation	Lokelani B		
Patient Rooms (8) (\$58,800)	Lokelani B	3/31/09 \$	28,800

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### Page 5 Application for Grants and Subsidies

# BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Kahi Mohala Behavioral Health

Period: July 1, 2008 to June 30, 2009

T THE INVITIONS			% OF TIME	TOTAL SALARY	
LOSI ION III K	FULL TIME EQUIVALENT	ANNUAL SALARY A	BUDGETED TO REQUEST B	BUDGETED IN REQUEST A x B	
Project Manager		\$75,000.00	75.00%	\$ 56,250,00	00.
Assistant Project Manager		\$50,000.00	49.00%	₩	00:
Chief Financial Officer		\$150,000.00	8.00%	•	00
Administrative Assistant		\$40,000.00	11.00%	ь	9
Accounting Administrator		\$45,000.00	6.33%	· 69	50
				<b>€</b>	,
				· · · ·	,
				<del></del>	
				<del>6</del>	,
				<b>€</b>	
		-		· ·	
				· •	
				· <del>G</del>	
TRUCCASA SERVICE SERVI				ь	,
TOTAL:	de de			99 998 50	50
JUSTIFICATION/COMMENTS:					
All of these positions would be funded via private Kahi Mohala budget monies	/ate Kahi Mohala bud	det monies			
					7

## Page 6 Application for Grants and Subsidies

# BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: \_\_Kahi Mohala Behavioral Hea Period: July 1, 2008 to June 30, 2009

DESCRIPTION	NO. ON	COST PER	- ATOT	
EQUIPMENT	ITEMS	ITEM	COST	BUDGETED
N/A			€	
			€	
			1	
			, &	
			· ·	
TOTAL:				0
JUSTIFICATION/COMMENTS:			889989989888888888888888888888888888888	

DESCRIPTION	NO. OF	COST PER	TOTAL	TOTAL
OF MOTOR VEHICLE	VEHICLES	VEHICLE	COST	BUDGETED
N/A			\$	
			\$	
			t €	
			· ·	
			€	
	TOTAL:			C
JUSTIFICATION/COMMENTS:				

### DECLARATION STATEMENT APPLICANTS FOR GRANTS AND SUBSIDIES CHAPTER 42F, HAWAI'I REVISED STATUTES

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawai'i Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and assuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

(1) Is incorporated under the laws of the State; and

Kahi Mohala Hospital

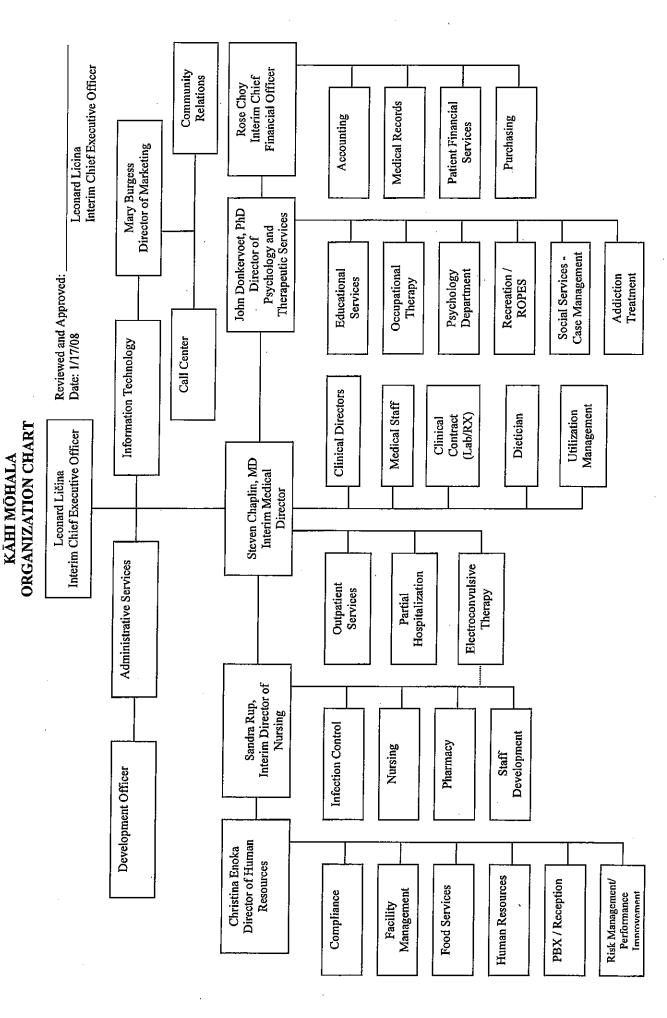
(2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

(Typed Name of Individual or Organization)	z-6-08
(Signature) Leonard Licina	(Date) Interim CEO
(Typed Name)	(Title)



Kāhi Mōhala Org Chart January 2008