

House District _____

Senate District _____

THE TWENTY-SIXTH LEGISLATURE
HAWAII STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES

Log No 99-0

For Legislature's Use Only

Rec'd JAN 28 2011

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

The Alcoholic Rehabilitation Services of Hawaii, Inc.

Dbas: Hina Mauka

Street Address: 45-845 Po'okela Street
Kaneohe, Hawaii 96744

Mailing Address: Same as above.

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name MARIE HUGHES

Title Chief Administrative Officer

Phone # (808) 236-2600 ext. 249

Fax # (808) 236-2626

e-mail mhughes@hinamauka.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

To provide residential drug and alcohol treatment services for male and female adult offenders supervised under the auspices of the Hawaii State Judiciary's drug and/or other specialty court programs. The target population is offenders with alcohol and/or other drug related problems including co-occurring disorders.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2011-2012: \$ 250,000.00

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ 641,578

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

[Redacted Signature]

AUTHORIZED SIGNATURE

ALAN JOHNSON, CEO
NAME & TITLE

1/28/2011
DATE SIGNED

ORIGINAL

Application for Grants and Subsidies

I. Background and Summary

Hina Mauka is pleased to present this request for \$250,000 to The Hawaii State Legislature for a Grant in Aid to provide residential drug and alcohol treatment services for male and female adult offenders supervised under the auspices of the Hawaii State Judiciary's drug and/or other specialty court programs. The target population is offenders with alcohol and/or other drug related problems including co-occurring disorders.

As funding for such programs has been reduced during the economic recession it is incumbent upon the state to be wise stewards of our limited resources. While incarceration costs can range from \$35,000-40,000 per year, the full continuum of drug and alcohol treatment may range from \$10,000-12,000. A successful clinical discharge can save the state money, providing a 3:1 ratio of cost savings. Our proposal is for funding the residential portion of the continuum where the greatest need for funds exists. With our request we estimate that approximately 40-45 offenders would receive services as a result of this grant.

1. Hina Mauka's Background

Hina Mauka is a 501c3 nonprofit drug and alcohol treatment provider with over 40 years of experience in treating substance use disorders. Hina Mauka has experience in providing services to the offender population as well as having all the service components already in place. Hina Mauka is nationally accredited by CARF, licensed by the State as a Special Treatment Facility (STF) in accordance with Title 11, Chapter 98, is in compliance with Chapter 175 and with applicable Hawaii Administrative Rules (HAR). Most of our counseling staff is master's level, state certified or both.

Treating over 2,500 adults and adolescents per year in over 23 clinics, Hina Mauka has developed the expertise and clinical models to address a variety of clinical issues. Our programs are designed to empower individuals to make health-enhancing choices that lead towards self-sufficiency. One of our strongest traits is our willingness to adapt and integrate services to meet the needs of our funding and referral sources as well as our clients. Hina Mauka utilizes a multidisciplinary, holistic approach to treat persons with substance abuse addictions as well as co-occurring disorders.

2. Goals and Objectives Related to the Request

The overall objective for each client is to attain and maintain abstinence from all mood-altering substances, and a decrease of contact with the criminal justice system.

Hina Mauka's goals of services to the target population are:

- a. To provide comprehensive evidence-based, offender oriented continuum of services to adults with alcohol and/or other drug problems, which are involved with the criminal justice system, ordered or directed by the court to obtain treatment.

b. To assist adult offenders abusing or addicted to alcohol and/or other drugs with the acquisition and demonstration of effective strategies, skills and knowledge which will result in long term abstinence and reduction in re-offending behavior and attitudes.

3. Public Purpose and Need to be Served

While there are programs for offenders to receive state funded treatment, funding and “bed space”, or treatment slots, is limited. Consequently, the offender seeking treatment may often be put on a waiting list. For the alcohol and drug abusing offender to have to wait to get into treatment means they will in all likelihood continue their substance use and possibly criminal behavior as well.

To become eligible for QUEST Medical coverage applicants must complete an application to determine eligibility. They must be able to provide information (i.e. picture ID, birth certificate, social security card) that they have often lost or do not have ready access to. Additionally, once the QUEST application is accepted it can take up to 30 - 45 days for the application to be approved. With short term motivation and limited social skills it is often difficult for the offender to meet the requirements of the application process for treatment and QUEST medical coverage.

Finally, the authorized length of stays provided by medical insurance coverage is frequently insufficient to meet the length of stay that would be most beneficial to the offender population. While in residential treatment the QUEST application process can be completed with assistance from Hina Mauka staff. Once approved the QUEST medical insurance can be used to fund intensive outpatient treatment and aftercare which is recommended following participation in the residential level of care.

Research consistently demonstrates three trends relating to substance abuse treatment and criminal justice: (1) there is a strong connection between criminal activity and substance abuse (2) participation in substance abuse treatment reduces recidivism (return to criminal behavior); and (3) the reduced criminal activity associated with substance abuse treatment for offenders is cost-effective. [Treatment Improvement Protocol (TIP) 44 Substance Abuse Treatment for Adults in the Criminal Justice System/Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT)].

4. Target Population to be Served

The target population for this grant is male and female adult offenders supervised under the auspices of the Hawaii State Judiciary’s drug or other specialty court programs. The target population will include, but not be limited to pregnant/parenting women with alcohol and/or other drug related problems and offenders with co-occurring disorders.

5. Geographic Coverage

The treatment services will be located at our Kaneohe site from which we serve all of Oahu, as well as receiving clients and referrals from all Hawaiian Islands.

II. Service Summary and Outcomes

1. Scope of work, Tasks and Responsibilities

Hina Mauka will provide residential drug and alcohol treatment to offenders involved with the Hawaii State Judiciary. While the offender can seek treatment as others do in the community, the availability of state funded residential treatment slots is limited. This creates a situation whereby the offender has to compete for these limited slots with others, which often results in being put on a wait list. Having to wait to access treatment provides for opportunities for continued substance abuse use and criminal behaviors. Funding from this Grant in Aid will allow offenders to access residential treatment more readily.

The Hina Mauka Treatment Team utilizes a cognitive behavioral approach for moderate and low risk offenders with addiction, criminal behavior, and mental illness or co-occurring disorders. The treatment program is designed utilizing evidence based approaches from by Dr. Kenneth Wanberg and Harvey B. Milkman's *Criminal Conduct and Substance Abuse Treatment: Strategies for Self Improvement and Change 2nd Edition*, Franklin Quest Corporation: *Franklin Reality Model* and James Fieser's *Clean & Sober: A Cognitive-Behavioral Approach to Treating Drug and Alcohol Addiction*.

The goal of program curriculum will be to assist adult offenders, abusing or addicted to alcohol and/or other drugs with the acquisition and demonstration of effective strategies, skills and knowledge which will result in long-term abstinence and a reduction of re-offending behaviors. Offenders presenting for treatment are screened prior to admission. At this time the person is evaluated to determine appropriateness for admission and the level of care required to address his/her specific situation.

Upon admission and/or at the request of the Judiciary a professional intake/admission counselor conducts initial personal interviews and assigns placement of the individual to the appropriate least restrictive level of care based upon the following information:

- Level of Service Inventory Revised (LSI-R) or Correctional Offender Management and Profiling Alternative Sanctions (COMPAS)
- The Addiction Severity Index (ASI)
- American Society of Addiction Medicine (ASAM) criteria
- DSM V-TR Diagnostic Manual
- Related information collected during a face-to-face interview

All intake/admission counselors utilize motivational enhancement techniques to collect pertinent information during the screening process. Hina Mauka will work closely with Probation Officers and Drug Court Case Managers to ensure offender needs are an integral part of the treatment planning process.

Residential Services will be made available for moderate and low risk offenders who are referred to this level of care by the Judiciary or who are screened as appropriate for this level of care.

The program for moderate risk offenders will comprise of two 90-minute sessions of educational/skill building, and five 90-minute sessions of practice/role play groups a week for twelve weeks [96 hours of Cognitive Behavioral Therapy (CBT)] that are open ended and provide participants with cognitive-behavioral strategies to develop new thoughts, attitudes and beliefs using motivational interviewing techniques and material from Dr. Kenneth Wanberg and Harvey B. Milkman's Criminal Conduct and Substance Abuse Treatment: Strategies for Self Improvement and Change 2nd Edition.

The program for low risk offenders will comprise of two 90-minute sessions of educational/skill building sessions and two 90-minute practice/role play groups a week for twelve weeks (72 hours of CBT); they are open ended and provide participants with cognitive-behavioral strategies to develop new thoughts, attitudes and beliefs using motivational interviewing techniques and material from The Guidance Group Clean & Sober: A Cognitive Behavioral Approach to Treating Drug and Alcohol Addiction curriculum developed by James Feiser, MSW.

Bio-Psycho-Social Assessment: Within the first days of admission to treatment, a complete Bio-Psycho-Social assessment is conducted and the client meets with the treatment team to prepare a more complete plan that focuses on specific problem definitions, interventions that are aimed at resolution of identified issues, and to establish agreed upon long term and immediate goals. The treatment team includes Hina Mauka clinical staff, the client, the referring agency case manager, or the referral sources, family and all other relevant personnel. Treatment plans are updated at a minimum monthly and as needed throughout the continuum of care. If there are any changes in the assessment of the client needs, the treatment team will revise the residential treatment and community support plans.

Process Groups: The client is then exposed to the treatment milieu that includes Process Groups and a research based psycho-educational curriculum that is consistent with effective treatment methods. These groups are focused to client need and enable the staff to ensure that the clients' immediate needs are being addressed. Focus Groups are as follows:

- **Group 1 – Orientation:** This group introduces the client to the treatment environment. Clients are prepared to participate in the group process. This is accomplished by experiential opportunities in-group rules, giving and receiving feedback, building trust and rapport with peers and staff, and educating in the treatment process. This usually can be accomplished in one or two sessions.
- **Group 2 - Problem Identification:** The primary purpose of this group is for clients to perform self-assessment and identify specific problems that they will need to deal with throughout the remainder of the treatment process.
- **Group 3 - Solution Focus:** Problems identified in Group 2 are explored and processed in Group 3. This will be the bulk of the treatment experience with focus on treatment objectives specific to ASAM dimensions.
- **Group 4 and 5 - Relapse Prevention:** These groups first focus on education of the relapse process, and then identifies relapse issues, i.e. symptoms such as attitudes, thoughts and behaviors as well as triggers to relapse. Once the client understands the

relapse process and is able to identify those relapse issues specific to them, (i.e. vocational issues, relationship problems, loss of job, living on welfare or unemployment, etc.), they are able to create a specific or a formal relapse prevention plan, which is then processed by the group and with the treatment team.

- **Group 6 - Re-entry:** Primary focus of the re-entry group is to prepare clients to re-enter the day to day world outside of the residential treatment environment. Specific issues addressed in this group involve creation of a clean and sober support system, ensuring housing, psychiatric and social support system is in place.

The unique characteristic of the Focus Groups is that a client can be plugged in wherever the need is greatest. For example, a client who has no major issues with emotional behavioral problems or treatment resistance, but has shown an inability to maintain sobriety, can move from Group 1 into Group 4, to pay specific attention to relapse prevention issues. Once the client has dealt with those relapse issues, the client can then go back and deal with other issues which may not have been considered as severe upon admission. This process allows the treatment team to create an individualized treatment process for every client and utilizes some or the entire treatment matrix.

Relapse Prevention Planning is essential training and is provided throughout treatment sessions. When relapse occurs clients are helped to understand that this is part of the recovery process. A return to drug abuse can lead to re-offending behavior and should be addressed in treatment planning. Relapse prevention strategies include identifying cues that may trigger relapse, avoiding known high-risk situations, coping with unavoidable high-risk situations, managing lapses, and disclosing cravings. Relapse prevention participants become aware of the pervasive role that cognitive patterns play in their addictive and offending lifestyles and develop constructive interventions by which to replace dysfunctional thought patterns with productive cognitive themes. Through practice and sharing successful strategies with each other, participants gradually learn which specific relapse prevention techniques work best for them in given situations.

Addiction Education and Life Skills Training groups complement other therapeutic group sessions by providing a foundation of essential knowledge and skills necessary for effective treatment and recovery. **Addiction Education** helps Hina Mauka participants to identify their own addiction and recovery process through a sequence of psycho-educational classes. Topics of Addiction Education classes include coping with Post Acute Withdrawal Symptoms, dealing with cravings/urges, identifying relapse pattern/cycle, and nicotine cessation. **Life Skills Training** comprises a wide range of psycho-educational sessions addressing the daily living skills which Hina Mauka participants need to live a sober, productive and crime-free life; developing positive communication skills, addict/mentally ill patterns of thoughts and attitudes, co-dependency issues, healthy relationships, denial/defenses and resistance, cultural values and recovery goals, financial planning, time management, managing anger and stress, social and lifestyle skills, setting priorities and goals. Rehabilitative services include supportive counseling, supervision and problem solving skills to assist the individual to develop daily living skills including, but not limited to, personal hygiene skills, performance of household tasks, utilize public transportation and maintaining employment. Services shall also assist individuals

to develop community living skills necessary to independently utilize community-based services, and participate in social, recreational and peer support activities to increase community stability.

All decisions, including admissions, treatment needs, direction, transitions, and discharges are made by the multidisciplinary treatment team that includes the client as well as assigned referral source supervising officer.

Residential treatment provides a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Residential is a 7 day-a-week, 24 hours a day program that provides a minimum of 25 hours per week of face to face treatment including a minimum of 1 hour a week of individual counseling. Housing, meals, and nutritious snacks are provided for residential clients. Transportation is available to assist clients to meet their medical care, legal and community needs. Clients are assisted by their treatment team to secure clean, safe, and sober living arrangements prior to discharge.

Alcohol and Drug Testing

Hina Mauka believes that drug testing is an important part of the treatment regime which can provide motivation and assurance to both the client and the Judiciary. Hina Mauka has the capability and capacity to conduct alcohol and urine analysis (UA) drug testing. Hina Mauka modified the existing in-house bathrooms according to recommendations from the US District Court representatives to improve upon the integrity and accuracy of urine collections.

For UA testing Hina Mauka uses the Redwood Toxicology Laboratory 5 Panel dip reditest kit. These drugs detectable with this kit are:

1. Cocaine
2. Methamphetamine
3. Tetrahydrocannabinol, (THC/Marijuana)
4. Opioid
5. Benzodiazapines

Hina Mauka also conducts Alcohol testing as part of the treatment regime at every level of care. The Alcohol Testing device is the AlcoMate Premium, Model: Alcoscan AL7000 Digital Breathalyzer.

Client's Rights and Responsibilities and Right to Confidential Treatment

All services are provided in accordance with Federal Laws regarding substance abuse treatment as provided for: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

Table 1 on the following page entitled *Residential Treatment Activities* outlines weekly services activities, staff assignments and time allotted to each of the activities.

Table 1 RESIDENTIAL TREATMENT ACTIVITIES		
ACTIVITIES	STAFF ASSIGNED	HOURS PER WEEK PER CLIENT
Screening to determine appropriateness of admission.	Intake Counselor	1 hour prior to admission
Bio-Psycho-Social and Needs Assessment to aid in the development of an ISP.	Primary Counselor	2.5 hours at time of admission
Treatment Planning Purpose is to address and prioritize problems needing resolution; establish agreed upon long term and immediate goals; and decide upon specific treatment objectives and methods to produce change.	Treatment Team: Psychiatrist, Nurse, Counselor(s), Client	1.5 hours per week
Individual Counseling to provide reality therapy, referral and linkage, case management services and client advocacy.	Primary Counselor	1 hours per week
Process Groups to allow for examination of attitudes and feelings, values clarification, identify processes of decision making and alternative solutions.	Counseling Staff	7.5 hours per week
Education Group to allow for examination of consequences of use, cue identification and elimination, refusal skills and relapse prevention.	Counseling Staff	6 hours per week
Task Groups to allow for examination of consequences of use, cue identification and elimination, refusal skills and relapse prevention.	Counseling Staff	3 hours per week
Skill Building Groups to enhance the social functioning of clients by improving daily independent living skills, assertiveness, stress management, relaxation and conflict resolution.	Counseling Staff	6 hours per week
Recreational Groups to allow for the exploration and development of leisure time activities.	Counseling Staff and Treatment Associates	3 hours per week
Family Counseling to assist the family in identifying compensating attitudes and behaviors and assist in the implementation of more beneficial and effective family strategies, Co-Dependency Education	Family Therapist	2 hours per week
CBT – Education/Skill building groups	CBT Counselors	3 hours per week
CBT – Practice/Role-play groups		5 hrs/wk for moderate risk offenders 3 hrs/wk for low risk offenders

2. Projected Annual Timeline

The following Work Plan provides in detail how the services will be delivered to meet the needs of the clients.

WORK PLAN			
SERVICE ACTIVITIES	TASKS	WORK ASSIGNEMENTS/ RESPONSIBILITIES	TIME-LINE/ SCHEDULE
Substance Abuse Assessments	Personal interview to determine suitability for Hina Mauka Services	Intake counselors: CSAC and/or Master's level behavioral science field	1 Day
Substance Abuse Education	Classes pertaining to the pharmacology of substance abuse, lifestyle consequences, emotions management, coping skills and problem-solving training using cognitive behavioral techniques, treatment process, relapse prevention and abstinence maintenance training.	CSAC and/or Master's level in behavioral science field	2 hour sessions, Six-week curriculum
Pre-Treatment/ Motivational Enhancement Services	Classes on cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs; utilizing motivational interviewing techniques to establish goals, develop skills and make a commitment to change, and/or prepare for appropriate level of care.	CSAC and/or Master's level in social work, psychology or related behavioral science field	1 hour sessions, 2x week for eight weeks
Residential Treatment	Residential is a 7 day-a-week, 24 hours a day program that provides a minimum of 25 hours per week of face to face treatment including a minimum of 1 hour a week of individual counseling. <ul style="list-style-type: none"> • For moderate risk offenders (96 hours of CBT); <ul style="list-style-type: none"> ○ two (2) 90 minute educational/skill building sessions, and ○ five(5) 60 minute practice/role play groups per week for twelve weeks • For Low-risk offenders (72 hours of CBT); <ul style="list-style-type: none"> ○ two(2) 90 minute educational/skill building sessions/week, ○ two (2) 90 minute practice/role play groups a week for twelve weeks 	CSAC and/or Master's level in social work, psychology or related behavioral science field	7 days a week 24 hours/day Treatment will follow attached schedule. Duration/ level of care depends on the client's need and response to treatment. CBT will continue through other modalities until the dosage is completed.

WORK PLAN (continued)			
SERVICE ACTIVITIES	TASKS	WORK ASSIGNMENTS/ RESPONSIBILITIES	TIME-LINE/ SCHEDULE
Continuing Care/Aftercare	The <i>Aftercare/Continuing Care</i> Group meets once a week for 60 to 90 minutes. The focus of this group is to help clients deal with the transition to a clean and sober lifestyle, and to address Relapse Prevention issues.	CSAC and/or master's level in social work, psychology or related field	Once a week, 60-90 minutes 12 Weeks
Reporting requirements for program and fiscal data	Hina Mauka will submit written Quarterly and Year-End reports summarizing output and outcome data, and performance accomplishments or reports as required	CAO, CFO	Quarterly reports 30 days after the end of the quarter, Year-End reports submitted 45 days after the end of the fiscal year or timeline required.

3. Quality Assurance and Evaluation Plans

Hina Mauka has extensive Quality Improvement (QI) processes, including computerized data systems, to present meaningful and accurate outcome reports. Hina Mauka has staff dedicated to this function. With over 20 contracts, Hina Mauka has demonstrated the ability to provide timely quarterly and annual reports to various State and other stakeholder agencies.

To achieve and maintain fulfillment of the Hina Mauka mission on an ongoing basis, Hina Mauka incorporates a quality improvement plan into its organizational design. Hina Mauka's quality improvement plan (QI) plan operationalizes an overall philosophy of Continuous Quality Improvement (CQI). Areas addressed in Hina Mauka's QI plan include but are not limited to: Program Evaluation and Quality Improvement, Records Reviews, Consumer Satisfaction (Persons Served and Community), and Outcomes Management and Follow-Up. Key elements of the Hina Mauka quality improve plan are summarized in the paragraphs and table below.

Authority and responsibility for quality improvement at Hina Mauka rest with the Chief Executive Officer (CEO), who assigns responsibility and authority for the implementation of the Hina Mauka Continuous Quality Improvement Plan to the Chief Administrative Officer (CAO), in consultation with the Quality Improvement Committee.

Hina Mauka's program evaluation processes measure the attainment of our stated goals using tools and measures consistent with the standards of state and national accrediting bodies in substance abuse and rehabilitation services (ADAD and CARF).

The Hina Mauka CQI plan includes a process for professional reviews of services (Records Review), conducted in accordance with prescribed procedures, at least quarterly for both adolescent and adult programs. The Records Review focuses on the quality of each treatment program, as reflected in documentation found in a representative sample of individual client records. Findings are reviewed and analyzed by the QI committee, chaired by the COA and a report of the review is submitted to the CEO, who transmits this report to the Board of Directors. Reports are distributed to program directors and managers to be shared with staff.

The QI committee takes action with respect to opportunities for quality improvement identified through the Professional Review of Services, Consumer Satisfaction Surveys, or through a wide variety of other reviews. Services or practices being changed for quality improvement purposes are reviewed for specified periods of time (duration of review period is appropriate to the task) to assess whether quality has improved. Reports are distributed to Program Directors and Managers to be shared with staff who in turn work with staff to implement changes for quality improvement as appropriate.

The Board of Directors is provided with monthly QI reports on all treatment programs that are both qualitative and quantitative. In addition an annual Corporate Compliance report is provided.

4. Measure(s) of Effectiveness/Reporting

Hina Mauka sets threshold performance levels for outcome measures specified in the table below, and on a quarterly basis summarizes and analyzes performance on said measures of outcome. Performance levels are reported in quarterly and year-end program reports.

Outcome data for Judiciary clients will be gathered on the Hina Mauka Outcomes Survey Form designed for this contract, and will be gathered within six (6) months after termination of primary treatment. Outcome surveys will be conducted for all clients irrespective of the type of discharge.

Program performance levels on client outcomes will be reviewed at a minimum on an annual basis. The minimal anticipated levels shown are an estimate based on our experience with a general substance abuse treatment population, adjusted to the target population of this contract.

Table 2 on the following page displays the outcome objectives for all clients served. Expected program performance levels are expressed in percentages rather than in numbers. Projections represent percentages of all clients contacted who respond to the request for follow-up data.

Table 2. Output and Performance/Outcome Measures	
<ul style="list-style-type: none"> • Achieve and maintain abstinence from all mood-altering substances • Improved health, social and spiritual functioning • Reintegration into the community 	
Indicator	Percentage
1. Clients completing treatment	50%
2. Clients employment status at follow-up	40%
3. Clients have maintained living arrangements at follow-up (not including controlled environments)	75%
4. Clients receiving substance abuse treatment since discharge	20%
5. Clients currently in substance abuse treatment	20%
6. Clients in the past thirty (30) days, experiencing significant periods of psychological distress	30%
7. Clients in the past thirty (30) days, number of days of work/school missed because of drinking/drug use	30%
8. Number of arrests since discharge	No more than 25% will have arrest
9. Number of emergency room visits since discharge	No more than 30% will have emergency room visits
10. Number of times client has been hospitalized for medical problems since discharge	No more than 30% will have hospitalized for medical problems
11. Frequency use of thirty (30) days prior to follow-up	No more than 20% report use of drugs
12. Usual route of administration	Those reporting use of drugs 100% of the time route of administration is recorded/ identified as usual or new

III. Financial

Pricing Structure

Hina Mauka requests \$250,000 to provide Residential substance abuse services for Adult Offenders on the island of Oahu. This is a service we currently provide, however, there needs to be more funding as there is a long waiting list for services we could provide if we had the needed additional funding.

We have included a budget utilizing the required budget forms as applicable, to detail the cost of our request.

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
(See attached budget forms under Attachment A.)
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2011-2012.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$62,500	\$62,500	\$62,500	\$62,500	\$250,000

3. The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2011-2012.

IV. Experience and Capability

A. Necessary Skills and Experience

1. Skills

Hina Mauka utilizes a team approach that is client centered. The team is comprised of the Psychiatrists who specialize in addiction medicine and psychiatry; Certified Substance Abuse Counselors (CSAC), advanced degree, or provisionally certified counseling staff; Registered Nurses; treatment associates; Adult Services Director and Managers; and administrative and operational support staff.

The overall objectives are for each client is to attain and maintain abstinence from all mood-altering substances and to reduce re-offending behaviors. Each client receives a Treatment Plan tailored to individual needs. The program regimen includes assessments and evaluation of needs, individual counseling, group therapy, family counseling, education of the disease process, including family roles and dynamics, medication education, skill building; anger and stress management, cognitive restructuring, role playing or practice sessions, identification of high-risk behaviors, situations, people, and places and how to deal with them in a pro-social manner, development of a spiritual base, relapse/lapse prevention planning, recreation; education and

introduction of 12-step program principles into their life, including obtaining and using a sponsor, and developing a strong support system within the recovering community.

Specifically, Hina Mauka staff utilizes therapeutic techniques from a wide range of psychological theory with emphasis on the Cognitive Behavioral approach for this particular population. As depicted in our schedule of classes, the following therapeutic perspectives are addressed:

- Motivational Enhancement Theory
- Cognitive Behavioral Therapy - Cognitive distortions, a therapeutic technique identifying and challenging cognitive distortions from the cognitive behavioral perspective to include role playing and practice session.
- The Franklin Reality Model
- Use of “Thinking Reports” to identify “Thinking Errors” and create change in behavior through change in thinking.
- Development of pro-social life skills to reduce antisocial behavior and attitude.
- Addiction and Development, from Erickson’s theory of life span development, provides us with a greater understanding of the developmental stage and crisis the client may be experiencing.
- Defense Mechanisms, originally developed by Freud are taught and related to defenses found in addiction and other types of mental illness.
- “Don’t” messages from the theoretical perspective of transactional analysis provide understanding of early developmental issues.

As a part of moving through the continuum of care all clients will develop appropriate transition plans that will be discussed with the client by the treatment team. This plan will address transition and recovery issues and relapse/recidivism prevention.

Since 1999 Hina Mauka has been active in the provision of urinalysis testing for the United States Probation and Pre-Trial Services Offices, (USPO/PSO), and since 2000 with the Department of Human Services, Child Welfare Services Division. This experience has enabled Hina Mauka to develop a comprehensive monitoring program to include staff development and training, development of policies and procedures, familiarity with the population being served.

2. Experience

Hina Mauka has over 40 years of experience providing substance abuse treatment services in the state of Hawaii. Hina Mauka is a not-for-profit substance abuse treatment agency that was incorporated in 1976 as The Alcoholic Rehabilitation Services of Hawaii Inc. Its unnamed predecessor organization had provided informal services since 1969. In 1989, the Hospital’s expansion and renovation plans necessitated that Hina Mauka close its residential services from the State Hospital grounds. While the State considered relocation plans, Hina Mauka continued outpatient services at Kailua, in Windward Oahu.

In 1990, the State agreed to a 35-year State land lease in Kaneohe for Hina Mauka to build a new facility. Completing construction in March 1995, Hina Mauka is currently licensed by the State to provide residential services at our Kaneohe site. Hina Mauka provides the full continuum at

the Kaneohe site including residential, day treatment, intensive outpatient (IOP), outpatient and aftercare as well as urine collection and testing. Our outpatient clinics, located on Oahu, Kauai, and, adult treatment services and adolescent treatment services, aftercare and urine collection and testing and the associated counseling services. The residential facility provides services to all islands and transitions clients to the appropriate outpatient site.

Over the past 30 years, Hina Mauka has had extensive experience in providing substance abuse services to both adults and adolescents and lists the following active contracts:

Department	Authority	Contact	Address/Phone #	E-mail address
State of Hawaii, Dept. of Health	Alcohol & Drug Abuse Division	Keith Yamamoto, Chief	692-7509 601 Kamokila Blvd, RM 360 Kapolei, HI 96707	jmyurow@mail.health.state.hi.us
The Judiciary, State of Hawaii	Adult Probation Division	Joan Sakaba Administrator	539-4510 777 Punchbowl St. Honolulu, HI 96813-5093	Joan.L.Sakaba@courts.state.hi.us
The Judiciary, State of Hawaii	Family Court	James Lutte	538-5990 P.O Box 3498 Honolulu, HI 96811-3498	james.j.lutte@courts.state.hi.us
The Judiciary, State of Hawaii	Drug Court	Joan Sakaba Administrator	539-4510 777 Punchbowl St. Honolulu, HI 96813-5093	Joan.L.Sakaba@courts.state.hi.us
State of Hawaii, Dept. of Human Services.	Social Services Division	Rex Shilo Program Specialist	586-5673 810 Richards St. Suite #501 Honolulu, HI 96813	rshilo@dhs.hawaii.gov
State of Hawaii, Dept. of Public Safety	WCCC Therapeutic Community	Marc Yamamoto Administrative Services Office Purchasing & Contracts Staff	587-1215 919 Ala Moana Blvd, RM 413 Honolulu, HI 96814	Marc.S.Yamamoto@hawaii.gov
U.S. Federal	Veteran's Administration	Paula Sanders	433-0670 459 Patterson Rd Honolulu, HI 96819-1522	paula.sandera@va.gov
U.S. Federal	USPO and Pre-Trial Services	Lisa Jicha Senior U.S. Probation Officer	541-1315 300 Ala Moana Blvd. rm C-110 Honolulu, HI 96850-0110	Lisa_Jicha@hip.uscourts.gov

B. Facilities

45-845 Po'okela Street, Kaneohe, Hawaii 96744

Situated below the Ko'olau Mountains, Hina Mauka's Kaneohe site consists of a 24,000 square foot 48-bed facility, constructed in 1995, and our Annex, a 2,475 square foot office and meeting space. The larger facility has adequate space for several outpatient groups, and houses all our administrative staff, kitchen, spacious dining room and individual counseling rooms. The residential clients are housed upstairs, which is accessible by stairs and elevator. On the ground floor, there are five large enclosed group rooms, an expansive dining room that also serves for client meetings, nine individual enclosed counseling rooms, a Treatment Associates' office that

is open 24 hours a day, a physician's office, a nursing office, a physical examination room, a large enclosed chart/documentation room, and a large enclosed clinical administrative room. Double closed doors separate the clinic area from the rather large open lounge where clients are received by our receptionist and intake specialists. The Annex consists of nine offices and a large conference room. The only clinical care conducted in the Annex is Continuing Care and Family Program meetings. Both buildings meet all ADA regulations. The larger one has been further designed to accommodate persons with disabilities.

The building is isolated, providing client confidentiality, since it is several blocks from the nearby Hawaii State Hospital, Windward Community College, Windward Mental Health and the Windward Recreational Area. The facility is accessible by bus. There is a bus stop within two blocks of the facility.

Pursuant to our state licensing requirements, the Kaneohe building meets all federal, state and local regulations (e.g. building codes). The building was specifically designed for alcohol and other substance abuse rehabilitation, with the integrity of the confidential relationship and the personal dignity of the client of primary consideration. Hina Mauka modified the existing in-house bathrooms according to recommendations from the US District Court representatives to improve upon the integrity and accuracy of urine collections. The health and safety of employees, clients and the community is one of our essential priorities and is monitored by the appropriate government agency annually.

Security - Ingress and egress is maintained 24 hours per day seven days per week by the use of personnel and door locks with an alarm system. During hours of normal operation, 8:00 A.M. until 4:30 P.M. doors remain unlocked and alarms are not set. Adequate personnel are on hand and signs direct persons to the front desk where visitors are required to sign in. At 4:30 P.M. side doors are locked and only the main lobby remains open. Personnel are stationed in the main lobby to welcome visitors and ensure only authorized persons are allowed in. At 10:30 P.M. all doors are locked and alarmed. In addition internal doors leading from upstairs to down are also alarmed. Any movement from upstairs to down will be identified by the alarm. Any attempt to open external doors will be identified by alarm.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

Hina Mauka has approximately 119 staff among 24 sites. At the Kaneohe site there are approximately 49 counseling and support staff including part time staff. There are approximately 27 Administration staff, which supports all sites and includes senior management, accounting, Human Resources, Information Technology and Facilities staff.

For this contract, Hina Mauka has adequate counseling staff that is appropriately skilled to fulfill the service requirements.

2. Staff Qualifications

All staff will have experience and training specific to their assigned tasks and to the needs of the clients. The human resources/payroll department verifies licenses and certifications in the personnel record. Hina Mauka mandates certifications and required educational degrees to work with the dual diagnosis and recruits accordingly. Training is provided throughout the year, both internally and externally. Practicum and non-qualified staff receive training and supervision ongoing until they obtain proper certifications.

Management Requirements: Hina Mauka has policies and practices for the following procedures for personnel:

- a) Hina Mauka routinely conducts, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position. A copy of the criminal history check will be placed in the employee's or volunteer's personnel file and available for review.
- b) The level of education, training, and experience desired for staff that are authorized to provide services for this contract are:
 1. Counselor – All staff performing clinical supervision, clinical evaluation, treatment planning and/or counseling will have the required CSAC and/or master's level degree in behavioral health science with at least one year experience working in the field of substance abuse. Section 321-193 (10), HAR.
 2. Registered Nurse - Current RN license with the State of Hawaii. Preference given to background in psychology, or experience with substance abuse treatment and criminal justice populations OR APNR in behavioral health
 3. Medical Doctor - M.D. License in the State of Hawaii. Specialization and certification, or eligibility for certification in Addiction Medicine/Psychiatry.
 4. Treatment Associate – high school degree with preference to some college level or enrolled in college.
- c) Hina Mauka maintains verifiable documents regarding education and work experiences to include specialized activities such as psychotherapy or family therapy or experience in working with specialized populations such as women, minorities, criminal justice or adolescents.
- e) Every clinical staff providing direct services has certification in CPR and First Aid. Hina Mauka has on site CPR and first aid training provided at a minimum annually to ensure compliance with annual requirements and to ensure that there is always at least one staff in the facility that is certified.
- f) Each employee shall have an annual TB skin test or chest x-ray documented in the personnel files.

- g) As audited by the Department of Health each year, Hina Mauka is in full compliance with clinical staff receiving at least 12 hours of training each year per 11-175-14(e)(1)-(4), HAR for education on HIV and AIDS as well as education on the risks of TB.

B. Organization Chart (See attached organization charts under Attachment B.)

Bill Mousser, Director of Adult Services provides clinical and administrative oversight to all adult services. Evon Silva, Adult Services Manger provides clinical oversight to the Kaneohe adult services. The Manager of Adult Services reports to the Director of Adult Services. The Director of Adult Services reports directly to the CEO. The Adult Services Managers and Site Supervisors supervise all clinical staff.

Mary O'Hanlon, Clinical Supervisor provides supervision to the Kaneohe counseling staff. The clinical Supervisor reports directly to the Managers. Supervisors carry a small case load at times and provide direct supervision to daily operations.

Our Associate Medical Directors, Dr. Bim Strausser and Dr. Peter Yamamoto works closely with the nursing staff, and provide psychiatric/medical assessment and psychiatric services/management of clients as needed.

The TA supervisor, Ryan Inouye, provides supervision to his staff that monitors the clients and Kaneohe Facility 24/7.

Intake is a separate department at each site. A supervisor manages intake counselors in Kaneohe and reports to the Adult Services Manager, Evon Silva. Hina Mauka has 1 staff member who manages the multiple contracts to ensure proper coordination of different contracts as well as to ensure accurate billing. This staff also assists the other counselors with case management. Also, Hina Mauka has a clinical administrative support staff lead by an Administrative Supervisor, who reports to the Director of Adult Services. The administrative staff provides help with documentation, filing, and informational letters probation officers as well as assists with billing functions.

Hina Mauka has a Safety and Facilities Manager that manages the Food Services Supervisor at Kaneohe and staff as well as the maintenance staff, who support all sites.

The Hina Mauka program utilizes a team approach in program changes, training, and hiring. We believe that the more input from team members, the more informed choices can be made and the more valued team members will feel.

VI. Other

A. Litigation

Hina Mauka is not aware of any active or pending litigation at this time.

B. Licensure or Accreditation

Hina Mauka achieved a fourth consecutive maximum 3-year CARF accreditation in May 2008, and became the first program in Hawaii to receive CARF accreditation for Criminal Justice Programming. CARF – The Rehabilitation Accreditation Commission – is a national organization that establishes standards of quality for programs and services and uses those standards to determine how well an organization is serving its consumers and how it can improve. Hina Mauka has been accredited by CARF since 1999. Hina Mauka is accredited in Alcohol and Other Drug/Addictions; Alcohol and Drug Addictions Criminal Justice and Integrated Alcohol other drugs and Mental Health programs.

Since the mid 1990s, Hina Mauka has maintained a Substance Treatment Facility (STF) license for residential services through the Department of Health.

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII 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, Hawaii 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 ensuring 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
- (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.

For a grant or subsidy used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

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

The Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka

(Type Name of Applicant Organization)



(Signature)

(Date)

Alan Johnson

Chief Executive Officer

(Typed Name)

(Title)

Attachment A
Budget Forms

BUDGET REQUEST BY SOURCE OF FUNDS

(Period: July 1, 2011 to June 30, 2012)

Applicant: HINA MAUKA

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	154,866			
2. Payroll Taxes & Assessments	20,133			
3. Fringe Benefits	15,487			
TOTAL PERSONNEL COST	190,485			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0			
2. Insurance	3,600			
3. Lease/Rental of Equipment	2,800			
4. Lease/Rental of Space	0			
5. Staff Training	2,250			
6. Supplies	23,465			
7. Telecommunication	4,250			
8. Utilities	10,500			
9. Audit Services	2,250			
10. Contractual Services - Admin	3,000			
11. Contractual Services - Subcontracts	1,100			
12. Client Cultural and Recreational	1,800			
13. Repairs and Maintenance	4,500			
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	59,515			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	250,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	250,000	LINDA A BROWN HOLTZ 447-5255		
(b)		Name (Please type or print) Phone		
(c)		[REDACTED]		
(d)		Sig CFU		
TOTAL BUDGET	250,000	Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: _____ HINA MAUKA

Period: July 1, 2011 to June 30, 2012

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Director of Adult Programs - CSAC	100%	\$69,992.00	2.50%	\$ 1,749.80
Manager Adult Services - MSW/LCSW/CSAC	100%	\$60,008.00	3.00%	\$ 1,800.24
Manager Adult Services - MSCJ/MSCP/CSAC	100%	\$59,009.60	3.00%	\$ 1,770.29
Supervisor Kaneohe Adult Services - MSCP, CSAC	100%	\$56,076.80	2.00%	\$ 1,121.54
Counselor I	100%	\$41,685.38	8.00%	\$ 3,334.83
Counselor - CSAC	100%	\$46,418.67	8.00%	\$ 3,713.49
Counselor I - CSAC	100%	\$38,306.67	8.00%	\$ 3,064.53
Counselor III - MSCP/CSAC	100%	\$39,433.33	8.00%	\$ 3,154.67
Counselor	100%	\$36,053.33	8.00%	\$ 2,884.27
Counselor - CSAC	100%	\$39,433.33	8.00%	\$ 3,154.67
Counselor - CSAC	100%	\$47,320.00	8.00%	\$ 3,785.60
Counselor - MSW	100%	\$42,813.33	8.00%	\$ 3,425.07
Counselor - CSAC/MSW	100%	\$48,739.60	8.00%	\$ 3,899.17
Intake Counselor - CSAC	100%	\$38,306.67	8.00%	\$ 3,064.53
TOTAL:				39,922.69
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: _____ HINA MAUKA

Period: July 1, 2011 to June 30, 2012

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Intake Counselor - MSW,CSAC	100%	\$45,066.67	8.00%	\$ 3,605.33
Admissions Supervisor - CSAC, BS	100%	\$51,894.27	8.00%	\$ 4,151.54
Associate Medical Director	50%	\$69,853.33	8.00%	\$ 5,588.27
Associate Medical Director	100%	\$180,266.67	8.00%	\$ 14,421.33
Contract Specialist	100%	\$45,066.67	8.00%	\$ 3,605.33
Treatment Associate Supervisor	100%	\$43,151.33	8.00%	\$ 3,452.11
Treatment Associate	85%	\$19,153.33	8.00%	\$ 1,532.27
Treatment Associate	85%	\$22,926.54	8.00%	\$ 1,834.12
Treatment Associate	60%	\$12,844.00	8.00%	\$ 1,027.52
Treatment Associate-Shift Leader	100%	\$28,166.67	8.00%	\$ 2,253.33
Treatment Associate-Shift Leader	100%	\$21,406.67	8.00%	\$ 1,712.53
Treatment Associate	80%	\$21,181.33	8.00%	\$ 1,694.51
Treatment Associate	60%	\$15,548.00	8.00%	\$ 1,243.84
Treatment Associate	40%	\$10,112.96	8.00%	\$ 809.04
TOTAL:				46,931.07
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: _____ HINA MAUKA

Period: July 1, 2011 to June 30, 2012

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Treatment Associate	90%	\$26,364.00	8.00%	\$ 2,109.12
Treatment Associate	100%	\$42,250.00	8.00%	\$ 3,380.00
Treatment Associate	100%	\$38,306.67	8.00%	\$ 3,064.53
Registered Nurse, RN	100%	\$75,824.67	8.00%	\$ 6,065.97
Registered Nurse, RN	50%	\$15,773.33	8.00%	\$ 1,261.87
Facilities & Safety Manager	100%	\$48,089.60	8.00%	\$ 3,847.17
Quality Improvement Specialist	100%	\$29,120.00	8.00%	\$ 2,329.60
HR Director	100%	\$53,996.80	8.00%	\$ 4,319.74
Facilities Supervisor	100%	\$34,926.67	8.00%	\$ 2,794.13
Facilities Maint/Transportation	100%	\$28,121.60	8.00%	\$ 2,249.73
Food Service Supervisor	100%	\$44,661.07	8.00%	\$ 3,572.89
Food Service Worker	100%	\$29,293.33	8.00%	\$ 2,343.47
Food Service Worker	10%	\$2,670.20	8.00%	\$ 213.62
Chief Executive Officer	100%	\$118,747.20	1.00%	\$ 1,187.47
TOTAL:				38,739.31
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: _____ HINA MAUKA

Period: July 1, 2011 to June 30, 2012

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Chief Financial Officer	100%	\$79,996.80	2.00%	\$ 1,599.94
Payroll Specialist	100%	\$34,008.00	8.00%	\$ 2,720.64
Accounting Specialist	100%	\$40,976.00	8.00%	\$ 3,278.08
Accounting Specialist	100%	\$32,302.40	7.00%	\$ 2,261.17
Controller	100%	\$54,080.00	7.00%	\$ 3,785.60
Technology Director	100%	\$62,004.80	7.00%	\$ 4,340.34
IT Specialist	100%	\$40,996.80	7.00%	\$ 2,869.78
IT Specialist	100%	\$40,248.00	7.00%	\$ 2,817.36
Executive Assistant	100%	\$47,507.20	7.00%	\$ 3,325.50
Administrative Assistant	100%	\$32,493.07	7.00%	\$ 2,274.51
0	0%	\$0.00		\$ -
0	0%	\$0.00		\$ -
0	0%	\$0.00		\$ -
0	0%	\$0.00		\$ -
TOTAL:				29,272.91
JUSTIFICATION/COMMENTS:				154,865.99

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: _____

Period: July 1, 2011 to June 30, 2012

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

No purchases planned

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

No purchases planned

Attachment B
Organizational Charts

Hina Mauka Organizational Structure

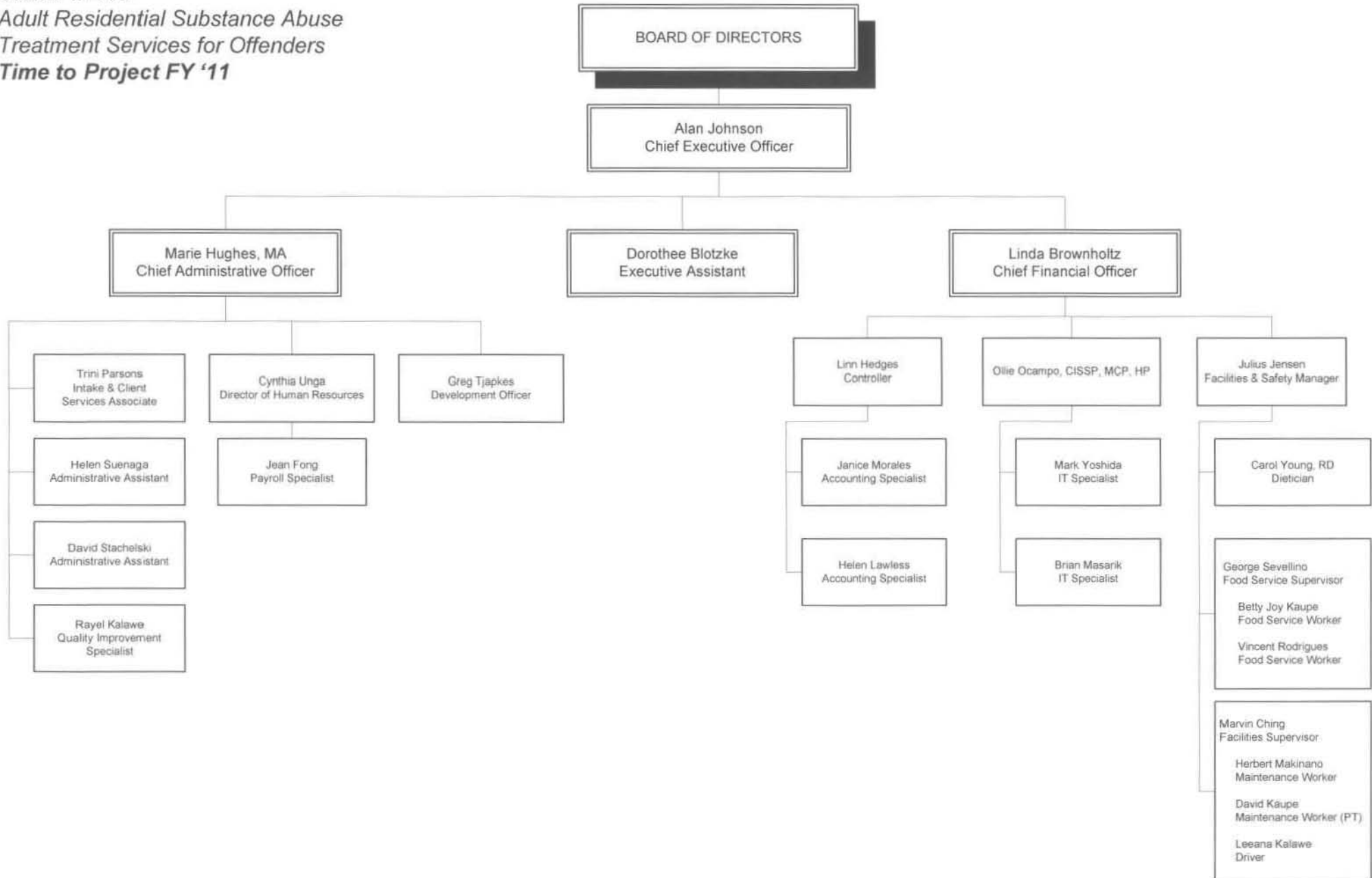
Kaneohe Facility – Administration

Grants-In-Aid

Adult Residential Substance Abuse

Treatment Services for Offenders

Time to Project FY '11



Hina Mauka
Organizational Structure

Kaneohe Facility - Adult Programs

Grants-In-Aid

Adult Residential Substance Abuse

Treatment Services for Offenders

Time to Project FY '11

