

House District(s) 4/5

Senate District(s) 3

THE TWENTY-NINTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Log No: _____

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

"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.

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

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:
Bridge House, Inc.

Dba: _____

Street Address: 78-6687B Mamalahoa Highway
Holualoa, HI, 96725

Mailing Address:
Same

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name ANDI PAWASARAT-LOSALIO

Title Executive Director

Phone # 808-322-3305

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E-mail : director.bridgehouse@gmail.com

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
- FOR PROFIT CORPORATION INCORPORATED IN HAWAII
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL
- OTHER

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

KE ALA KUPONO: CULTURAL, 'ĀINA-BASED & CLEAN AND SOBER LIVING SUBSTANCE ABUSE TREATMENT AND RECOVERY PROGRAM IN WEST HAWAI'I

4. FEDERAL TAX ID #:

5. STATE TAX ID #:

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2019: \$ 108,180

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 \$ 108,180 FOR FY 2018

FEDERAL \$ _____

COUNTY \$ 15,750 FOR 2018:

PRIVATE/OTHER \$ 45,000 FOR 2018

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[Redacted Signature]

ANDI PAWASARAT-LOSALIO, EXECUTIVE DIRECTOR

1/17/18

AUTHORIZED SIGNATURE

NAME & TITLE

DATE SIGNED

JAN 18 2018 1:30 PM

APPLICATION FOR GRANT IN AID 2018
Bridge House, Inc.

I. Background and Summary

1. Applicant Background

Bridge House, Inc. is a community-based, not for profit organization formed in 1991 by a group of professionals and community members concerned about providing substance abuse treatment and recovery services in the West Hawai'i area of the Island of Hawai'i. The mission of Bridge House is: **“to assist adults in recovery from addiction develop successful living skills through residential and vocational experiences in a safe, supportive environment.”** Bridge House has a well-respected and recognized record of success in establishing a continuum of culturally relevant substance abuse treatment and recovery support services that meets the needs of West Hawai'i Native Hawaiians and other adult substance abusers at various points in their journey toward recovery. (See website at <http://www.bridgehousehawaii.org>).

In 2013, Bridge House, Inc. was one of 28 agencies across the state to be granted a contract by the Department of Health's Alcohol and Drug Abuse Department. This project was designed to reimburse the agencies for cultural and 'aina-based components added to their western-style cognitively-based curriculum and measure the results over a four-year period. This grant ended in 2017, and the new RFP for ADAD contracted agencies began in October 2017 with new a billing system. Reimbursement for cultural practices was included in only the most rural of Hawaii's programs. Bridge House, Inc, while located in a rural area of West Hawai'i was not included in the reimbursement programs because of its new status as an “urban” program. Bridge House board of directors and staff made a commitment to do everything they possibly could to continue to provide the cultural healing practices they had so carefully crafted over that four-year grant period. The organization approached the legislature with a grant-in-aid for a two-year transition program that would continue to allow reimbursement for the cultural practitioners while learning how best to incorporate the practices into the construct of the new billing system for sustainability.

Bridge House, Inc. is respectfully requesting its second year of Grant-In-Aid funding from the Hawai'i State Legislature in order to continue the transition of the previously ADAD subsidized 'aina and culturally-based recovery components into its comprehensive, integrated continuum of Adult Treatment and Substance Abuse Recovery Services. ADAD's newest contract awarded to Bridge House, as well as other Native-Hawaiian serving substance abuse treatment programs beginning October 1, 2017 did not include Bridge House in the Rural Health reimbursement funding category for the Cultural Activities. Instead it placed this small rural program in an urban category, requiring a much more conventional billing system based on larger and more traditional programs. It also allowed only an initial 61 days of Clean and Sober Living, far fewer than the 180 days that has been covered in the past that has led to Bridge House's success rate. Given the lack of rental housing in West Hawai'i along with the state's highest rate of homelessness, nearly all clients of Bridge House's Clean and Sober Living Program will end up back on the streets at the end of 60 days.

The success of Bridge House's programs is closely tied to the collaboration of evidence-based and culturally based activities along with a greater level of recovery time for the healing of brain, body and spirit. The efficacy of each is greatly increased by the other. According to

the Surgeon General's 2016 report, *Facing Addiction in America*, "Treatment must be provided for an adequate length of time and should address the patient's substance use as well as related health and social consequences that could contribute to the risk of relapse, including connecting the patient to social support, housing, employment, and other wrap-around services" (<https://addiction.surgeongeneral.gov/>).

Continuing partial subsidy of these services into the second year, Bridge House will be able to successfully serve 100 individuals over the two-year period with comprehensive recovery services, allowing for transition of services to ADAD's new tiered billing system, and creating a service cohort large enough to provide comparative evaluation data to show that this service delivery method makes a difference thus informing future practices at a statewide level. Based on our past six-year experience with providing a comprehensive and holistic set of recovery support services, we believe that without these services, we can expect to see greater percentages of relapse, greater numbers of homeless, greater numbers of those incarcerated, greater numbers requiring hospitalization and a greater number in isolation from their families and communities.

There has been a paradigm shift over the past decade towards a recovery-based system of care. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has delineated four major dimensions that support a life in recovery: a life that exemplifies health, home, purpose and community, and it has published the following definition: "*Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.*"

The professional community who provide substance abuse treatment has recognized that the most successful treatment modality must be holistic in scope. Utilizing the working concept of the "therapeutic milieu," complimented by a comprehensive, fully integrated cultural and *āina*-based approaches ensures that the participants, the Bridge House *haumana*, are presented with multiple opportunities that enhance their treatment and recovery process. The experienced staff and their strong working connection with other community agencies and resources further facilitates clients' reunification with those in their immediate family as well as with the larger community.

Bridge House offers both Intensive Outpatient (IOP) and Outpatient (OP) Treatment programs depending on the needs established by the assessment. Both programs utilize an organized comprehensive evidenced-based multi-format program, and are considered to be integrated therapeutic models. Both programs consist of a scheduled series of sessions appropriate to the Health and Wellness Plan of the person served. Cultural services are also a part of both programs. Transportation to and from Outpatient Treatment is available for clients in need.

Bridge House has recognized the tremendous community need for transitional housing for the recovery population as they move from highly structured settings towards successful independent living. To fill this niche, Bridge House's Recovery Services Program is designed to provide Clean and Sober Housing opportunities for up to fifteen (15) individuals for up to six (6) months at a time on its main facility. It is estimated that thirty-eight (38) individuals will be served each year of the contract.

All referrals for residency are screened by Bridge House's professional staff and must meet the eligibility requirements with preference given to pregnant women and injection drug users.

While residing in the Clean and Sober Housing, residents receive Continuing Care services when needed including Care Coordination, Transportation, and Vocational Skill-Building. All

individuals accepted for residency complete a Clean and Sober Living Assessment at the time of intake and participate in activities that support established needs from the Health and Wellness plan from Outpatient treatment. Bridge House is very connected to support services provided in and by the West Hawai'i community. The Bridge House Care Coordinator is able to make referrals to external services that may help clients achieve goals for appropriate treatment placement as well as for psychological, social functioning, self-esteem, and coping abilities. Each client is assisted to develop and maintain a Health and Wellness Plan that includes creating a healthy support system that helps with the transition back to family and community. An array of educational and support group services including Smoking Cessation and Vocational Skill-Building is available. While residing in the Clean and Sober Housing, residents are eligible to participate in health education groups, acupuncture, support groups, and gardening to prevent relapse as well as the *Ke Ala Kūpono* cultural activities.

Along with other Native-Hawaiian-serving substance abuse organizations throughout Hawai'i, Bridge House has found that incorporating Hawaiian values and a regaining of a cultural identity along with the use of traditional Western best practices has enhanced the efficacy of treatment and has led to greater long-term positive change. Bridge House also recognizes that The Hawaiian culture has a rich spiritual framework that may be used to facilitate increased understanding, and change, within the individual who is struggling with recovery from substance abuse, and has likely disengaged from family and culture as well. The Hawaiian values of *'ohana* (family), *'āina* (nature) and *'akua* (gods and spirituality) are shared by a number of other ethnic groups and cultures in Hawai'i which makes the participation in the cultural activities meaningful to all Bridge House *haumana* (residents), *Kanaka Maoli* as well as other locally raised non-Hawaiians.

Bridge House's cultural activities include the *Ke Ala Kūpono* (Hawaiian Healing Practices) Program, Acupuncture and the *Mala La'au Lapa'au* (Native Hawaiian Plants and Healing Garden) Project. The *Ke Ala Kūpono* sessions focus on a particular cultural value and how that value uniquely applies within each resident's life. Acupuncture, Lomilomi Massage and Smoking Cessation classes and protocol are also available to the *haumana* on a voluntary basis.

The Vocational Skills Building component has enabled residents to prepare for first time or re-entry into the workforce. This component provides vocational assessment and linkage to outside employment or educational resources for assistance in job training skills, testing and placement. Located on seven acres of traditional agricultural land, Bridge House offers its residents unique opportunities to "work at a job" while in residence. Complementing working and living at the same location helps *haumana* to learn the values of accountability, reliability and responsibility—qualities sought by employers and necessary to prepare for and remain in the workplace.

The ultimate measure of Bridge House's success with its array of culturally relevant services is much more than simply the 72% who were employed 6 months after completion of Bridge House's program last year or the 100% who had safe, clean and sober housing in the community and had remained abstinent. Rather, it is the number of alumni who retain their ties with Bridge House. They sponsor new residents; they make connections with employers; they assist with fund-raising and with facility improvements. They make friends with, make food for and work in the garden along side the residents. They share their experiences and their love, and they make a huge difference not only in the lives of the Bridge House residents, but also in our community as a whole. This *pilina*, making connections, and establishing relationships with others is at the heart of all Bridge House programs.

2. Goals and Objectives Related to the Request

The mission of Bridge House is *“to assist adults in recovery from addiction develop successful living skills through residential and vocational experiences in a safe supportive environment.”* The goal of all Bridge House program services is to provide the necessary support and encouragement to restore Native Hawaiian and other adults in treatment for a substance abuse disorder to a state of pono (mind, body and spirit balance). This occurs in a cultural and land-based “therapeutic milieu,” that allows clients outpatient treatment options, a clean and sober living environment, enhances living skills that foster the transition to independent housing and self management, assists the client to manage and improve chronic health issues, and fully prepares clients to enter and remain in the workforce or be engaged in an educational or training program as well as reentering both family and community social surroundings while remaining clean and sober.

Goals and Objectives in the second year of funding:

1. To enroll at least 50 *haumana* who will benefit from the activities of the *Ke Ala Kūpono Program*’s cultural and ‘āina-based substance abuse treatment and recovery activities in each year of the transitional grant period.
 - a) 50 *haumana* will meet their Health and Wellness Plan goals by making informed healthy choices that support physical, emotional and spiritual well-being .
 - b) 50 *haumana* will feel less isolated and more connected to self, family and community through *Aloha ‘Āina* activities.
 - c) 50 *haumana* will improve dietary/eating habits through *Lā‘au Lapa‘au* activities.
 - d) 50 *haumana* will improve their physical activity through *Mauli Ola* activities.
 - e) 30 *haumana* will have clean and sober living opportunities for a full six months to prepare for independent living in the community.
 - f) 30 *haumana* will receive vocational skill-building activities leading to employment and/or further education.
 - g) To actively engage 100 participants in the evaluation of success of the transition program, and at the end of the two-year period provide the state with a culturally respectful evaluation report utilizing the results found from Levels I and II of the Indigenous Evidence-Based Effective Practice Model.

3. Public Purpose and Need to be Served

Most Hawai‘i families know someone with a substance use disorder, and many know someone who has lost or nearly lost a family member as a consequence of substance misuse. Yet, as the Surgeon General writes in his recent report *Facing Addiction in America (2016)*, “few other medical conditions are surrounded by as much shame and misunderstanding as substance use disorders. Historically, our society has treated addiction and misuse of alcohol and drugs as symptoms of moral weakness or as a willful rejection of societal norms, and these problems have been addressed primarily through the criminal justice system. Our health care

system has not given the same level of attention to substance use disorders as it has to other health concerns that affect similar numbers of people. Substance use disorder treatment in the United States remains largely segregated from the rest of health care and serves only a fraction of those in need of treatment. Only about 10 percent of people with a substance use disorder receive any type of specialty treatment. Further, over 40 percent of people with a substance use disorder also have a mental health condition, yet fewer than half (48 percent) receive treatment for either disorder.”

Most individuals who have reached the point of being identified and diagnosed as drug dependent have also embarked on a lifestyle that leads them to disengage from mainstream society/culture. Since chronic substance abuse interferes with one’s ability to maintain health and employment, it is a well-documented fact that most of those individuals have either dropped out of the workforce or are unable to pass pre-employment drug-testing. They utilize the emergency room more often and are hospitalized more often. In order to maintain their addiction, many abusers must resort to a criminal lifestyle and are arrested more often. The social and economic consequences of these behaviors clearly weigh heavily on both the community and the state.

4. Target Population to be Served

Hawai‘i is known as the health state because of the longevity of life and availability of health insurance for most. However, the indigenous people of Hawai‘i have not shared in that abundance to the extent other groups have. In addition, Native Hawaiians continue to have unmet health needs that are severe and far exceed that of the general population. A review of collaborating data from major state of Hawai‘i agencies show that Native Hawaiians make up a large percentage of those with chronic illnesses such as asthma, diabetes and obesity as well as involvement in public welfare, judiciary and public safety, all areas that generally contain a large population of clients with mental health and substance abuse issues.

Individuals on the neighbor islands tend to fare even less well than those on the island of O‘ahu. In 2014-2015, nearly 45% of the admissions to ADAD-funded adult substance abuse treatment were of Native Hawaiian ethnicity. 18% of all admissions resided in the county of Hawai‘i--a percentage greater than all other neighbor islands combined. (Report to the Twenty-eighth Legislature, State of Hawai‘i, 2016). 49% of the clients served by Bridge House in 2014-15 were of Native Hawaiian ethnicity and a full 51% were indigenous peoples.

Recent reports from DOH Adult Mental Health Division (AMHD) show a 60% co-occurring prevalence rate among its client population. Analysis of the data points out that Native Hawaiians are disproportionately more likely to have a co-occurring disorder than most other racial and ethnic groups (SAMHSA Policy Academy, 2012).

The Native Hawaiian Fact Sheet published by Office of Hawaiian Affairs (OHA) states that chronic disease can be linked to lifestyle choices such as poor nutrition, physical inactivity, heavy alcohol consumption and tobacco use. These modifiable behaviors can in turn lead to hypertension, being overweight or obese, hyperglycemia or hypertension,”(OHA *Social Determinants of Health*).

It is expected that the incorporation of the proposed *Ke Ala Kupono* culture and ‘āina-based treatment and recovery services at Bridge House will encourage a greater number of Native Hawaiian men and women to seek treatment; engage in treatment and recovery activities; improve their health and well-being; and re-engage with family and community in

the process of completing treatment.

In addition, the target population of Bridge House's Clean and Sober Living Program are those who are most likely to end up living on the streets without housing support. Homelessness is already a major problem on the island of Hawai'i. According to West Hawai'i Today "Hawai'i Island saw its homeless population swell by 153 people from 1,241 to 1,394 over the last year, accounting for more than 50 percent of the raw increase statewide," (2016). Bridge House supports 15 individuals for a 6-month period while they are in recovery, allowing for healing of the brain disease of addiction and helping them find more permanent clean and sober living situations through collaborations with other community organizations such as Hope Services.

5. Geographic Coverage

Bridge House is the only ADAD-funded Treatment and Recovery Program on the West side of Hawai'i Island providing Outpatient Treatment as well as Clean and Sober living residences. The organization provides services primarily to those living in the North and South Kohala, North and South Kona and the Ka'u Districts.

The Clean & Sober Living program is the only structured housing program for substance abusers south of Kailua-Kona for 90 miles and for 40 miles north, meaning the only structured Clean & Sober program for those without private insurance and with low-income needs within a 140-mile area.

II. Service Summary and Outcomes

1. Scope of Work, Tasks and Responsibilities

Within the professional community of those who deal with substance abuse treatment, it has long been recognized that the most successful modality must be holistic in scope. The National Institute on Drug Abuse (NIDA) cited thirteen (13) Principles of Drug Addiction Treatment (A Research-Based Guide, National Institute on Drug Abuse, National Institutes of Health, 2013). The three (3) principles cited below provide a backdrop and rationale for the design and delivery of all services and activities offered at Bridge House:

- Effective treatment attends to multiple needs of the individual, not just his/her drug use.
- To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational and legal problems.
- An individual's treatment and services (health and wellness) plan must be assessed continually and modified periodically to ensure that the plan meets the person's changing needs.

Through its Recovery Support Strategic Initiative, the Substance Abuse and Mental Health Services (SAMHSA) has delineated four major dimensions that support a life in recovery. The goal of recovery is a life that exemplifies:

Health--overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing;

Home--a stable and safe place to live;

Purpose--meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

Community--relationships and social networks that provide support, friendship, love, and hope.

While traditional approaches to treatment generally focus on the educational component of substance abuse dynamics, it is Bridge House's belief that a more holistic perspective is necessary to ensure successful recovery. This belief supports Bridge House's focus on cultural and land-based treatment support, clean and sober housing, continuing care and vocational skill building in partnership with traditional evidence-based outpatient services for those in the early stages of recovery from chronic substance abuse.

Bridge House has developed a holistic, culturally based continuum of treatment and recovery services and activities to meet the needs of each client it serves. Traditional treatment approaches and programs tend to utilize a cognitive-behavioral and education approach. There is very little focus on the spiritual needs and growth of the individual. Yet, a recent research article, "Addiction and Cognition," suggests that the most prominent cognitive deficits seen during early to mid-recovery are in the areas of: working memory, cognitive flexibility, attention, and impulse control. With such cognitive impairments, it is not surprising that some of the cognitively based treatment approaches may not be effective for a number of clients. Of note, however, is that during a round-table discussion of the above-referenced article conducted by several prominent addictionologists, many noted that "...spiritual practices can actually start to re-regulate some of the neural dysfunction..." (Gould, N.I.D.A., 2010).

Bridge House strives to provide not only a Western evidence-based treatment curriculum but also a culturally competent and *'āina* based program as well to better serve its Native Hawaiian, indigenous and *kama 'āina* population. In substance abuse treatment it is of utmost importance to make the connection between culture and recovery in order to achieve positive outcomes for Native Hawaiians. Addiction and recovery are Western concepts that demand serious revision in order to become viable treatment services for Native Hawaiians. SAMHSA's "Guiding Principals on Cultural Competence Standards in Managed Care Mental Health Services," (2001) underscored the value of service efforts that are culturally sensitive and relevant. The efficacy of using Native Hawaiian healing practices in the treatment of addictions and co-occurring disorders is slowly being recognized. These practices are asset-based, resilience-building and provide a sense of protection which can strengthen the individual, family and community. This provides not only healing, but also resolution of problems for future generations. The significance of designing culturally specific substance abuse prevention, treatment and recovery interventions has been suggested by a number of studies (DeLarosa, 1988; Maypole & Anderson, 1987; and Napeahi, Kelly, Burgess, Kamiyama & Mokuau, 1998).

Hawai'i has a long and rich history of traditional healing practices that are closely entwined with day-to-day living and cultural experiences. Those practices foster the concepts of living in harmony with the individual and nature. Learning (and for some, re-learning) how to live one's life not only based upon, but also practicing such principles helps not just with the healing process, but also provides a guide to conducting one's life. Bridge House clients learn "how to start/how to start over."

Ke Ala Kūpono Cultural Program

The Native Hawaiian concept of self is grounded in social relationships (Handy & Pukui, 1972) and tied to the view that the individual, society and nature are inseparable and key to psychological health. This is different from the Western theories that consider the individual psyche to be the source of human behavior (Marsella, Oliviera, Plummer & Crabbe, 1995). The Hawaiian culture has a rich spiritual framework that may be used to facilitate increased understanding and change within the individual who is struggling with recovery from substance abuse, and has likely disengaged from family and culture as well. “It is a given that many will find cultural aspects of a program healing, supportive, and meaningful – and that there is inherent value in these approaches,” said Edward Mersereau, Chief of the Alcohol and Drug Abuse Division of the Hawai‘i Department of Health. “What is needed is a harmonious and effective combination of approaches and interventions that provide a continuum of care that effectively meets diverse needs and resonates with people across the spectrum.”

Ke Ala Kūpono (the path of harmonious living) is a an ‘āina-based cultural program incorporating traditional Native Hawaiian values and practices to bridge the gap between western substance abuse treatment, 12- Step recovery and the unique culture and traditions of Hawai‘i Island. Situated on 7.5 acres of Kamehameha Schools Bishop Estate agricultural land in the *ahupua‘a* of Keauhou I, this remote location offers a *pu‘uhonua* for *haumana* during the vulnerable stage of early recovery. Immersion in Bridge House program services provides consistent and comprehensible experiences for *haumana* to learn about themselves and reflect upon the lifestyle changes needed to sustain long-term health and well-being along with sobriety.

The primary goal of the **Ke Ala Kūpono** program is *pilina* (connections). Addiction is a disease of isolation. At some point, most *haumana* have become disconnected from ‘āina (land), ‘ohana (family) and *kaiāulu* (community). They have either lost, or were never given an opportunity to establish, a sense of place, spirituality and identity. Reclaiming or initiating these connections are vital to creating a *pono* foundation upon which to build a new sober life.

Lōkahi, the connection and unification of *Kanaka* to ‘Āina and *Akua* is representative of spiritual harmony, or inner peace. *Piko*, spiritual connection to the past, present and future, found at points on the physical body at the *po‘o*, *piko* and *ma‘i* are representative of our connection to the past, present and future generations. Together, these connections constitute the framework of the Native Hawaiian perspective of holistic well-being.

In the **Ke Ala Kūpono** program, *pilina* is inspired primarily through the practice of *Aloha ‘Āina*. Physical contact and exchange with the ‘āina serves as a visual example to *haumana* of our interdependence and interconnection to others that they can also feel. *Huaka‘i to Wahi Pana*, *kūpuna* and alumni mentorship, participation in 12-Step recovery programs and events, monthly community partnership projects and ‘ohana activities enhance opportunities for *haumana* to discover, or create, these connections. *Kūkākūkā*, as a group or individually, provides in-depth discussion and interpretation; *Ho‘opono* group sessions support these concepts by introducing an associated cultural value; *Mo‘olelo* and *Huaka‘i to Wahi Pana* assist *haumana* in visualizing what the concept and associated value look and feel like; and *Aloha ‘Āina* culminates the process through the practice of *hana ka lima* and the imparting of ancestral *mana*.

- **Ke Ala Kūpono: Aloha ‘Āina** supports the values of respect, perseverance, interdependence, interconnectedness, and *kuleana*. *Aloha ‘Āina* consists of developing

a working and spiritual relationship with the 'aina through the practice of *mahi'ai*, (the cultivation of food crops), *mala* (garden), *la'au* (plant cultivation), and *malama* (land stewardship), five days per week under the direction of the Mala Coordinator (MA) and Program Assistant (PA).

"When we live on and work the land, we become knowledgeable of the life of the land. In our daily activities, we develop a partnership with the land so as to know when to plant, fish, or heal our minds and bodies according to the ever changing weather, seasons and moons. The land is not viewed as a commodity, it is the foundation of our cultural and spiritual identity as Hawaiians. The land is part of our 'ohana and we care for it as we do the other living members of our families," (Aluli, 2007).

Actively practicing the *Aloha 'Āina* lifestyle strengthens our *piko* connection, allowing the 'aina to become the conduit for collective ancestral *mana*, wisdom and experiences that teach us to honor our past (*'aumakua*), live a life of *pono* presently (*'ohana*) and fulfill our *kuleana* (responsibility) to perpetuate this way of living to future generations (*keiki*). *Aloha 'Āina* teaches respect for the land, being constantly aware of the interdependence and interconnection of *kanaka* to 'Āina and *Akua (loka)*.

- ***Ke Ala Kūpono: Wahi Pana*** supports the values of connection, sense of place, and *ku'auhau*. The activities include: honoring the inherent *mana* of Hawai'i Island and Bridge House alumni along with *kūpuna* as mentors. In his essay, *The Significance of Wahi Pana*, Native Hawaiian historian Edward Kanahēle explains :

"For native Hawaiians, a place tells us who we are and who is our extended family. A place gives us our history, the history of our clan, and the history of our ancestors. A place gives us a feeling of stability and of belonging to our family – those living and those who have passed on. A place gives us a sense of well-being and of acceptance of all who have passed on. A place gives us a sense of well-being and of acceptance of all who have experienced that place. A wahi pana is, therefore, a place of spiritual power which links Hawaiians to our past and our future."

In treating *haumana* of Hawai'i island, *Ke Ala Kūpono* honors the inherent *mana* of *Moku o Keawe* (land of Keawe) through *huaka'i* to *wahi pana* in every *moku* (district), creating experiences and connections that are unique to this 'aina. *Moku o Keawe* is distinguished as home to spiritually significant *wahi pana*, defining historical events and powerful deities of Native Hawaiian culture. Mauna a Wākea, Kīlauea, Kuamo'o, Waipio Valley, and Mo'okini and Ahu'ena Heiau are some of our *wahi pana*

- ***Ke Ala Kūpono: Maui Ola*** supports the values of healing and spirituality. The *Maui Ola* component of our program is facilitated through activities that inspire a working and spiritual relationship with the healing power of the 'aina, connection to the *mana* of sacred places, cultural health education, 'ohana activities and traditional Native Hawaiian healing practices.

Maui Ola provides *haumana* with nutrition education, access to exercise equipment, instruction, classes and activities, provides family-centered health activities, removes barriers to accessing healthcare services and provides a comfortable environment to

acquaint *haumana* with the healthcare process. *Na'au'ao* activities include monthly 'ohana health events, weekly nutrition education groups based upon the cultural health curriculum *A Voyage to Health*, individualized health literacy skills, and weekly *pa'ina* to educate *haumana* in cooking healthy meals. Twice per year, 2-night health retreats are held at *wahi pana* where *haumana* participate in various physical activities and the group cooks healthy meals.

A'o mai (to learn), *a'o aku* (to teach), is interwoven in our service delivery and within the cultural management of our agency. *A'o* is also the word for education, *A'o mai*, *a'o aku* implying both to learn and to teach. This sense of reciprocity supports the idea that relationships and belonging are primary actions in traditional Hawaiian society and culture. It is the idea that as one learns and becomes skilled, knowledge and skill are to be used and shared with others. This builds relationships of mutual dependence and support, bringing families and communities together. And yet, having knowledge and skills gives one a sense of independence and identity within the family and community. (Chun, 2006)

The vital skills of *Nānā* (observation), *Ho'olohe*, (listening), *Pa'a ka waha*, (reflection), *Hana ka lima*, (practice), and *Nīnau*, (questioning). These traditional skills are as vital to a healthy and productive lifestyle today as they were in the past. They allow *haumana* to gain a sense of belonging, mastery, independence and generosity. (Chun, 2006)

Clean and Sober Housing

From its inception, Bridge House has recognized the tremendous community need for transitional housing for the recovery population as they often move from a highly structured setting towards successful independent living. To fill this niche, Bridge House's proposal is designed to provide clean and sober housing spaces for up to fifteen (15) individuals at any given day.

The focus of the Clean and Sober Housing Program is to provide the necessary support and encouragement to assist the resident to adjust to a chemically abstinent lifestyle, to enhance independent living skills that may foster the transition to independent housing and self-management, and to give support to the residents as they rejoin their communities and families as healthy productive *haumana*.

The Bridge House Clean and Sober Housing program has been developed and is overseen by the same core staff that has demonstrated competence and success in the administration and management of Bridge House's former Therapeutic Living Program. In addition to the programmatic and clinical experience that this staff brings to this program, Bridge House's extensive networking experience with other community social service agencies and providers proves to be an invaluable asset to residents as they embark on their transition to independent living. It has been very clear that the connection between Bridge House's alumni and the agency remain very strong long after the "graduates" have gone on to independent living and vocational success. They remain as part of the " 'ohana," and become community mentors to others who enter into Bridge House's recovery services.

Referrals to Bridge House are accepted from a variety of community providers, including hospitals, substance abuse treatment programs/providers, the judiciary/court system, health clinics, social service agencies, concerned community or family members, former residents and self-referrals. The Bridge House staff and residents are engaged in outreach through the many community partnership activities, and the Executive Director is called upon to provide more

formal presentations of the Bridge House Program to potential referral and partnership organizations resulting in a broad-base of referral sources.

Continuing Care Services

Over the past 20 years, significant clinical research literature about addictions as a chronic illness has been published. The literature has also included comparisons of the characteristics of addictions with other chronic illnesses including diagnosis, genetics, the role of personal responsibility and behavior, and pathophysiology as well as comparisons of treatment response between addictions and other chronic diseases (McLellan *et al.*, 2000).

Since about 1991, there have been a number of studies that provide evidence supporting the therapeutic use of continuing care in the treatment of addictions. Some suggest that without continuing active involvement in these types of programs, people with addictions often find it very difficult to maintain the positive outcomes of treatment. The research literature suggests the following definition of continuing care: "Regular contact with a therapist that includes a risk assessment and allows flexibility for increasing and decreasing contact according to the patient's circumstances."

It is expected that all Clean and Sober Housing residents and all outpatient clients will participate in continuing care services for an average of 16 hours for each client each year. This includes Individual and/or Group counseling and may also include continuing Smoking Cessation education, substance abuse education, relapse prevention techniques, Continuing Education Information as well as the *Ke Ala Kūpono* and Vocational Skill Building programs.

Vocational Skill Building

This has been one of the most successful aspects of the Bridge House experience, and has been enthusiastically supported by Hawai'i Island United Way and the County of Hawai'i. The entire Bridge House multidisciplinary team including the Cultural Specialists is involved in some fashion. During the intake process, each resident completes a Vocational Skills Questionnaire. Information from this questionnaire helps in maintaining or advancing in their present employment setting. The on-site groups are an opportunity for a resident to develop time management skills, organizational skills, and to acquire new skills (from the *Māla* Project, construction, painting and computer work for example) that will be helpful in preparing for transition into the permanent workforce. Recognizing the need for technological competency in today's workforce, residents are provided with opportunities to acquire/enhance their computer skills. Keyboarding tutorials and general computer use are taught by Bridge House staff and/or an outside consultant. Each unemployed resident participates almost daily in some form of vocational activity; he/she is assigned duties commensurate with their level of training, experience, aptitude and interest. Examples of assignments include: a resident with very specific skills such as carpentry, plumbing or other trade may be assigned minor repair jobs on the premises. Individuals interested in agriculture or food-based careers may be assigned duties related to the *Māla* project such as gardening or landscaping. Regardless of assignments, the primary objective is to have the resident learn/re-learn the principles related to gainful employment/work, i.e. punctuality, responsibility, honesty and reliability.

The combination of culturally relevant activities, clean and sober housing, continuing care services and vocational skill building added to the traditional evidence-based assessment and

outpatient treatment modalities are what makes Bridge House different, and what makes it successful.

2. Projected Annual Timeline

Services are expected to continue on a daily basis with the fiscal year start of July 1, 2018 according to the activity schedule (see ATTACHMENTS) and run throughout the entire fiscal year.

3. Quality Assurance and Evaluation Plans

Bridge House is dedicated to providing the highest quality of services attainable. In doing this, the organization promotes practices and a culture that values service quality and continual efforts to achieve strong performance on program goals along with positive outcomes for service recipients. Bridge House's Quality Assurance and Performance Improvement (QAPI) framework takes into account all of the agency's services and all individuals served. The QAPI program focuses on the structure, processes and outcomes of Bridge House's services with the aim of assessing the quality of all components of service delivery in order to identify and support those services that are most successful as well as to identify and rectify any deficiencies.

The Board of Directors (see attachments) and staff of Bridge House fully understand the obligation not only to its residents, but also to the taxpayers of Hawai'i to ensure that its contractual requirements are handled and met with due diligence. Staff and Board training ensures that all policies and procedures are understood, rigorously adhered to, monitored and reviewed on a regular basis.

Bridge House utilizes a three-person Quality Assurance Team chaired by a member of the Board of Directors. The two additional members are the Executive Director and the President of the Board. As a Board committee, the primary function of the Bridge House Quality Assurance Team is to provide an objective and systematic oversight of the quality of care, as well as to address and resolve programmatic challenges. The overarching goal is to ensure the highest quality of care as well as to ensure that the agency is in compliance with all state and federal program requirements. The team also assures that Bridge House complies with laws governing non-profit entities doing business in the state of Hawai'i, and will ensure that Bridge House maintains its Hawai'i Compliance Express to validate compliance with DLIR labor laws, DCCA and tax authorities

The team also addresses program strengths and deficits, and suggests corrective actions and plans for enhancement of services. It is then the responsibility of the Executive Director to implement team recommendations. The following procedures are used to guarantee the Quality Assurance and Performance Improvement of Bridge House activities:

- The committee meets to review the quality of plans and the structure of all programs of Bridge House.
- The committee seeks advice annually from an outside consultant to assess its policies and procedures and to review all policy and procedure changes.
- The committee seeks stakeholder input annually through surveys.
- The committee reviews all relevant program forms to determine:
 - a) whether all screening and intake forms are completed;

- b) whether required forms for all residents have been completed in a timely manner;
 - c) whether the services provided produce the desired results and outcomes; and
 - d) whether the resident was actively involved in planning and making informed choices regarding his/her participation in all programs and services.
- The committee reviews the **Performance and Outcome Measures** (See Attachment B) of Bridge House's quarterly and annual reports that are used to report activities to ADAD, Hawai'i Island United Way and Hawai'i County to evaluate the overall performance of all Bridge House programs and services.
 - The QAPI Team recommendations are presented to the Executive Director who reviews the changes or updates with the staff at the next scheduled staff meeting. It is the Executive Director's responsibility to ensure the prompt implementation of all policy and procedural changes.

In addition to participating in evidence-based treatment methodology and curricula based on rigorously evaluated programs as required by the Treatment and Recovery Services at Bridge House, the *haumana* may also participate in cultural and land-based activities. There are currently no evidence-based Hawaiian Cultural Practices listed on SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). Bridge House has been and intends to continue to contribute to the knowledge base proposed by the "Indigenous Evidence Based Effective Practice Model" developed in Alaska at the 2007 Forum through gathering of both client-based and practice-based evidence. Dr. J.P. Gone in his study entitled *Indigenous Traditional Knowledge and Substance Abuse Treatment Outcomes: The Problem of Efficacy Evaluation*, states, "The final possibility for negotiating this epistemic divergence is pluralism. Pluralism acknowledges striking differences in foundational assumptions and interests between these knowledge systems that render them irreconcilable at certain levels. It recognizes the potential for valuable contributions from each approach and makes room for co-existence and dialogue without necessarily expecting resolution," (p. 496).

Bridge House intends to continue to participate in and add to this dialogue by gathering information in the following manner in order to support the movement toward recognizing the practices for indigenous cultures:

Level I -- Client-Based Evidence

- Stakeholder and Consumer Satisfaction Survey or Interviews
- Comment Cards and Discharge Interviews
- Follow-Up Surveys and Interviews

Level II—Practice-Based Evidence

- Staff and Client Satisfaction Survey
- Articles about Successes
- Elder or Kupuna/Traditional Healer Interviews and Personal Testimonies
- Process Evaluation Data

In this second year of funding, Bridge House intends to contract with an evaluation consultant familiar with the Indigenous Evidence-Based Effective Practice Model and/or Appreciative Inquiry Evaluation Models to assist in the creation of data collection tools to be utilized by staff and cultural practitioners working with Bridge House clients for measurement of both short (6 months duration) and long term (one year) effectiveness of both those engaged in the cultural components of the Recovery Support Services and those who are not.

A report of these results will be shared with the Department of Health's Alcohol and Drug Abuse Division as well as shared with other Indigenous Groups across the country to add to their knowledge base.

4. Measures of Effectiveness

The following measures of effectiveness will be expected based on reports gained by observation, surveys, interviews and data entered into the Dept. of Health's WITS client data system.

Clients at Program Completion from Clean & Sober program:

OUTCOME MEASURE	PERCENTAGE
1. Clients will be employed or enrolled in educational classes.	90%
2. Clients will have secured clean & sober housing prior to or upon discharge.	100%
3. Clients improving dietary/eating habits	70%
4. Clients improving physical activity level	80%
5. Clients will feel their life has improved	100%
6. Clients compliant with legal issues (court/probation/CWS)	100%

Clients who completed program at 6-months Post-Discharge Follow-Up:

1. Clients still employed or enrolled in educational classes.	80%
2. Clients in stable, safe housing.	80%
3. Clients will feel their life has improved	80%
4. In the past 30 days, number of clients reporting significant periods of psychological stress.	5%
5. In the past 30 days, the number of days of work/school missed because of drinking/drug use.	5%
6. Number arrested since discharge.	10%
7. Number utilizing emergency room visits since discharge.	10%
8. Number of clients hospitalized for medical problems since discharge.	5%

9. Clients reporting abstinence from all drugs & alcohol	80%
10. Clients reporting no new legal issues	80%

Clients who completed program at One Year Post-Discharge Follow-Up:

11. Clients still employed or enrolled in educational classes.	75%
12. Clients in stable, safe housing.	75%
13. Clients will feel their life has improved	75%
14. In the past 30 days, number of clients reporting significant periods of psychological stress.	10%
15. In the past 30 days, the number of days of work/school missed because of drinking/drug use.	10%
16. Number arrested since discharge.	10%
17. Number utilizing emergency room visits since discharge.	10%
18. Number of clients hospitalized for medical problems since discharge.	10%
19. Clients reporting abstinence from all drugs & alcohol	75%
20. Clients reporting no new legal issues	75%

III. Financial

A. Budget

1. Bridge House has included a complete set of the GIA Budget Forms See Attachment Section – Budget Forms of this request.

2. Anticipated Quarterly Funding Request

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
\$27,045	\$27,045	\$27,045	\$27,045	\$ 108,180

3. Funding Sources we are seeking for FY2019—all of these requests are “pending.”

County of Hawai‘i 7/1/18-6/30/2019	\$ 25,000.00
Hawai‘i Island United Way 7/1/18-6/30/19	\$ 30,000.00
Private donors	\$ 45,000.00

4. State and Federal Tax Credits

N/A

5. All Federal, State and County Government Contracts and Grants

County of Hawai‘i 7/1/17-6/30/2018	\$ 15,750.00
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6. Balance of Unrestricted Current Assets

\$ 95,170.80

IV. Experience and Capabilities

A. Necessary Skills and Experience

Bridge House is firmly rooted in the West Hawai‘i community. The backgrounds of members of the Board of Directors represent a broad array of extensive experience in areas that include substance abuse treatment programs, family therapy, business administration, accounting, advertising, legal services and agriculture. With their wealth of knowledge and experience, Bridge House’s board members have provided invaluable service as volunteers and informational/experiential resources that have guided the agency in successfully carrying out its mission over the past 25 years. (See Board of Directors List in Appendix.)

As evidence of having had a history of verifiable experience with program development and implementation as well as evaluating and reporting on the outcomes for funders and contractors, the chart below lists the Bridge House programs and the contract numbers under which they have been funded as well as the appropriate contacts who can verify the awarding of the contract to Bridge House and the evidence of satisfactory delivery of services. The programs provided by Bridge House and their primary funding sources over the past five to eight years include:

Program	Contract/Grant	Funding Years	Primary Funding Source
Clean and Sober Living, Cultural Activities	ASO Log # 10-057	2009-2014	Hawai‘i Dept. of Health—ADAD Contact: Florence Schuh (see above)
Outpatient Treatment, Clean and Sober Living, Cultural Activities	ASO Log# 14-064	2014-2017	Hawai‘i Dept. of Health—ADAD Contact: Florence Schuh (see above)

Vocational Skill Building		2001-present	Hawai'i County Contact: Karen Eoff 808-323-4264
Vocational Skill-Building		2001-present	Hawai'i Island United Way Contact: Fresh Onishi 808-935-6393

Bridge House compiles statistical data from the information obtained from residents during the application and intake process, during time in participation, discharge information and information obtained through follow-up interviews at a 6 months post program interval. Summary data are gathered through the ADAD Web Infrastructure for Treatment System (WITS) and through anecdotal information gathered by Cultural Coordinator and Kupuna working with *haumana* through the Bridge House Cultural Program. The data generated by our outcome measurement system is used to share results with program staff, to inform them of the impact of services, to report to the Board of Directors, to make program changes, to establish review performance targets, and to apply for future sustainable funding. It is also utilized to inform the community of the social impact of Bridge House services. Reports have been sent to ADAD, Hawai'i Island United Way and the County of Hawai'i in a timely manner each year.

Bridge House provides ADAD with an annual report of achievements and a variance report. These are based on the threshold of measurable outcomes established at the outset of the contract, and each contract is monitored on-site by a team from ADAD for adherence to clinical, program and facilities standards. The most recent site was conducted on 11/7/17 by Dr. Jared Yurow of ADAD. He reviewed program documentation and clinical charts; he also toured the facilities and interviewed staff members and clients. Bridge House Board and staff worked together to correct any deficiencies and any items listed for corrective action were remediated in a timely manner to ADAD's satisfaction.

B. Facilities

Bridge House Clean & Sober Living and administrative office is situated on 7.75 rural acres nestled *mauka* of Keauhou on the West Coast of the island of Hawai'i. The address is 78-6687B Mamalahoa Highway, Holualoa, HI, 96725. The cultural and natural landscape located within the *ahupua'a* of Keauhou I is among the most significant land areas in the Hawaiian Islands. In the *Mahele 'Āina* of 1848, the *'ili* of Keauhou was awarded to Chiefess Kamamalu, a granddaughter of Kamehameha I. It was eventually inherited by Bernice Pauahi Bishop, and upon her death in 1884, bequeathed to the Kamehameha Lands Trust in whose care it remains today. The land on which Bridge House buildings were constructed incorporates the border of the lowland *mala* (cultivated area) and the upland forest. The Bridge House *Kupuna* and Cultural Staff allow the *'āina* to teach many lessons in itself. These *'aina* based land practices allow *haumana* to connect with cultural values to promote healing and personal growth.

This safe, tranquil environment is close to Kona Community Hospital and Keauhou Fire Station to the south and the central town of Kailua-Kona to the north. There is a large main house that currently accommodates up to five (5) residents. This ADA accessible main structure is also equipped with large restroom facilities, adequate kitchen space and meal preparation appliances as well as spacious common areas to comfortably accommodate twenty

(20) individuals. The common area contains couches, chairs, sofas and other furniture used for support group meetings, resident relaxation and visits with family. There is a library stocked with recovery, self-help and pleasure reading and multi-media materials. The main facility also contains a separate area for reception, confidential meetings with Bridge House staff members and/or contractors as well as access to business-related machinery such as the photocopier, fax machine, computers and phones that are also used for vocational skill building activities. This is considered the Bridge House administration and fiscal office.

On the grounds near the main house are two cottages with adequate living space and restroom facilities. Each of the cottages accommodates five (5) same gender residents; there are ADA accessible facilities for both men and women residents. Also on the grounds are agricultural buildings, including a storage shed and several greenhouses that are used for the Mala or Vocational Skill-Building activities. The rural location and acreage support multiple opportunities for maintaining physical health including hiking trails, basketball and workout/weight training areas.

The Bridge House Outpatient Treatment and Recovery Services program office is located in the Hawai'i Island South Kona District at 79-7266 Mamalahoa Highway, Kealahou, HI 96750. It is situated right off the main road of a business district, yet in a discrete location. Currently it is the only adult outpatient treatment program location available for the community south of Kailua-Kona, giving easier access to services for people of South Kona and Ka'u, covering a catchment area that represents some of the most impoverished areas on the island. The next adult service outpatient program south of Kailua-Kona is located over 90 miles away. The treatment office is less than .5 miles from Kona Hospital, 200 feet from a bus stop for 2 major bus routes, and a half-mile from the Kealahou Branch of the West Hawai'i Community Health Center. Free transportation is available to and from the outpatient treatment office for clients that request transportation services.

The Bridge House Outpatient Treatment Program office is approximately 800 square feet, is accessible for the physically challenged, and offers free parking. There are posted emergency plans, and fire safety equipment is available and maintained with outside professional services. The upstairs office is available for assessment, consultation and individual counseling. There is a door and windows in the upper area that are covered by blinds for confidentiality.

from the main road. The administration and fiscal office is located five miles north of the treatment office at the Kealahou facility previously described.

National Fire Protection Co., Inc. performs a yearly inspection of all Bridge House facilities and has found them to be in compliance with county codes. All areas of the facilities are safe from fire hazards, and all combustible items are properly stored. Exits are unobstructed and are fully operational. Fire extinguishers are in compliance with code and are placed appropriately throughout the properties. Smoke detectors are in place in hallways, sleeping areas, kitchens and living/activity rooms as well as staff offices. Fire drills and Emergency Preparedness Drills are conducted monthly as suggested by Hawai'i County Fire Department and Bridge House Policies and Procedures. Bridge House has a written disaster plan for residents, staff and visitors to follow in case of fire, natural disasters or other emergencies. The disaster plan includes assignments, instructions, escape routes and drill procedures, and it is prominently displayed throughout the facilities.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The paradigm shift over the past five years toward recovery-based systems of care including appropriate cultural and land-based activities in conjunction with evidence-based treatment modalities along with clean and sober housing is reflected in Bridge House's staffing pattern. This unique approach to supporting those in treatment and recovery from addiction is integrated and holistic in nature, and the staff are all directly engaged with the *haumana* (students/residents); everyone on the property behave as members of an extended 'ohana (family). Bridge House staff are on the Clean and Sober Living property during regular work hours: Monday-Friday from 8 am - 10 pm and administration offices operate from 7:30am - 4pm, excluding holidays. In-house meetings, transportation to treatment/appointments, care coordination, cultural activities and participation in the Vocational Skills Building Program occur during these "normal" working hours, so staff is available to ensure continuity of services and opportunities. The Executive Director is available at any time assistance is needed—24/7. The Outpatient Treatment Office hours are 8am - 4:40 pm, excluding holidays. There is to be one staff on-site at all sites during work hours with first aid and CPR certifications.

Bridge House is committed to maintaining the highest quality of staff for all positions. All staff must interpret challenges and identify potential solutions within a cultural or cross-cultural context. While the focus on Hawaiian values and practices is an on-going learning process for staff and *haumana* alike, the program is based on elements that are common across cultures. It is 'ohana and 'āina-centered, uses indigenous healing methods, has a holistic—mind, body, spirit—approach to recovery, and respects and honors elders making it an open and welcoming workplace environment.

The staff currently employed at Bridge House and their qualifications include the following:

- **Executive Director:** is the designated executive operating authority under Bridge House's Board of Directors and is responsible for all agency activities, including administrative, operations and clinical management. The Executive Director directly oversees the Outpatient Treatment Program Director, Cultural Program Coordinator, the Care Coordinator and the Driver.

Andi Pawasarat-Losalio has been employed at Bridge House since 2001 when she was hired as a Case Manager for residents in the Therapeutic Living Program; she was then the Program Director from 2002 until 2017 when she became Executive Director. Andi has earned her Hawai'i Certificate in Substance Abuse Counseling as well as a Certificate in Human Services from Hawai'i Community College. She is also a Hawai'i State Certified Substance Abuse Counselor.

- **Cultural Program Coordinator:** is under the general supervision of the Executive Director and is responsible for overseeing the Ke Ala Kūpono Program, including the design and implementation of a series of traditional, cultural activities based on Hawaiian values, the Aloha 'Āina activities and the restoration project. She facilitates cultural parenting and financial education programs, as well as 'aha, kukakuka and ho'opono groups. The Cultural Coordinator also supervises contracted cultural practitioners, and collaborates with community cultural practitioners and organizations to assist in the cultivation of resources necessary to reinforce

knowledge and cultural practices, ensuring the understanding and awareness of the needs of the *haumana* and program staff in Hawaiian cultural activities.

Jamie K. Baculpo graduated from Kamehameha Schools and attended U.H. West Hawai'i studying Human Services. She is currently working on attaining her Certificate of Substance Abuse Counseling (CSAC). Jamie has been employed at Bridge House since 2015.

- **Cultural Program Assistant:** is under the supervision of the Cultural Director. He/she assists with all cultural activities as needed. This position is currently vacant.
- **Acupuncturist/Nutritionist/Lā'au Lapa'au:** This Hawai'i State licensed professional provides acupuncture services to the Bridge House *haumana* as well as nutritional counseling. The acupuncturist is also involved in the Mala Gardening Project as he is very knowledgeable about both endemic and canoe plants used by the Hawaiian people.

Dr. Joseph Kassel, N.D., L.Ac. received his Doctor of Naturopathic Medicine from the National College of Naturopathic Medicine. He also received a diploma in Acupuncture from the Oregon College of Oriental Medicine and went on to become an Acupuncture Detoxification Specialist with the National Acupuncture Detoxification Association. He has been a faculty member of the World Medicine Institute and is currently a faculty member of the Traditional Chinese Medical College of Hawai'i. "Dr. Joe" as he is fondly known, has been in private practice in Holualoa, Hawai'i since 2002 when he also began providing services to residents at Bridge House.

- **Ke Ala Kūpono Cultural Practitioners:** The Cultural Program Coordinator engages other community *Kupuna* to speak with Bridge House *haumana* on cultural topics and to accompany them to areas of historic or spiritual significance about which they are the most knowledgeable.

Roy "Uncle Bo Bo" Palacat was born and raised in Kona, and has lived there all of his life. He worked with the State of Hawai'i Department of Education for 20 years as a Hawaiian Studies Resource Teacher up until 2010. He was formerly employed by the DOE with the West Hawai'i Kahua Teacher Induction Program with our mission to cultivate an awareness of and sensitivity to Hawaii's cultural approach to learning in the hope that it will bridge teachers educational framework with that of the host culture and its values of 'ohana, community, and place.

- **Vocational Skills Assistant:** The Vocational Skills Assistant is under the general supervision of the Executive Director. The Assistant is responsible for helping each client connect with and engage in the vocational skill building activities, including skills assessment, job/educational training, and linkages to employment agencies, employers as well as transportation to interviews. Also assists with aloha 'aina and volunteer service activities.

Michael L. Park graduated from Konawaena High School and received his CES Certified Landscape Maintenance Training from the HILA/UH Kona's Palamanui Campus. He has been the Bridge House Vocational Skills Assistant since 2012. Prior to that time, he was a commercial landscaper and groundskeeper in West Hawai'i. He was also a youth counselor for the Hawai'i Island YMCA. Michael has also re-enrolled in West Hawaii Palama Nui campus studying to become a community health worker.

- **On-Call R.N.:** provides health-related services to Bridge House haumana enabling them to follow up on health maintenance issues prescribed by their primary care provider.

All staff are fully oriented to Bridge House policies and procedures, and they are cognizant of their job responsibilities. Staff meetings take place weekly and provide opportunities for case and clinical review, staff supervision and training and program review. Guidelines relating to staff positions as well as support of the cultural and land-based approach to substance abuse treatment and recovery services are frequently reviewed during staff meetings. Staff is cross-trained in various skills, and all staff are trained in matters that are related to care coordination. All staff have the skills to identify and comprehend issues related to substance abuse prevention, treatment and recovery. All staff must demonstrate the ability to not only work effectively with the client population, but also must be able to successfully work with each other.

Clinical supervision is provided by the Outpatient Treatment Program Director who is a Licensed Clinical Social Worker and a Certified Substance Abuse Counselor with over 12 years of experience in the field of substance abuse treatment. Clinical Supervision may occur through the supervisor's participation in treatment/service planning meetings, organizational staff meetings, side-by-side sessions with the person served, or one-to-one meetings between the supervisor and individuals providing direct services. The documentation of clinical supervision specifically includes assessment of professional competencies and clinical skills and recommendations for improvement, as opposed to daily supervision.

Bridge House has often had staff who are enrolled in a Substance Abuse Counselor Certification course of study. The Clinical Supervisor is available to them to assist with their training. The supervisor is able to assess their competency in the areas in which training has occurred by observing work and documenting that the skills or knowledge presented are being used on the job, through supervision and clinical review when assessments can be made regarding the retention and use of the training information, or through post-tests that are administered. This system helps to support the professional development of local students who wish to enter the field of substance abuse treatment and recovery and increases the work force in a resource poor community.

Professional development for all staff consists of monthly in-service training covering a variety of topics such as best practices, compliance/regulations, HIV/AIDS, TB, client confidentiality and the integration of culture and land-based approaches to recovery services. As special needs are identified or when additional training can supplement the in-house staff training, licensed or credentialed professionals are invited to present information on the special/topical training. Staff input is often solicited when training topics are being considered. Recognizing the value of more formal educational opportunities, Bridge House provides funding for and encourages staff to enroll in relevant classes and/or attend seminar/conferences that may enhance their clinical, case management, cultural and agricultural skills.

An Employee Development Plan details the training needs and what type of training would be appropriate to meet those needs. The plan is a useful tool in performance assessment and performance counseling by addressing areas of concern, goals and tasks for improving job performance and setting specific timelines for completion of tasks dealing with performance.

An annual Employee Evaluation is completed for all staff. This annual assessment evaluates the job performance of each staff member and identifies training needs, areas for improvement and acknowledgement of the employee's current level of performance. This

annual evaluation is used in part to determine salary increases. Prior to their annual meeting, the board conducts an Employee Evaluation of the Executive Director. The Board reviews the Executive Director's accomplishments for the agency, such as fiscal management, contract compliance, and management of staff and the facility; they then present this review to the Executive Director.

B. Organization Chart

See Chart on following page

C. Compensation

1. Executive Director--\$ 60,000.00
2. Cultural coordinator--\$ 35,360.00
3. Addiction Care Coordinator--\$ 37,440.00

VI. Other

A. Litigation

Bridge House, Inc. is not involved in any litigation.

B. Licensure or Accreditation

N/A

C. Private Educational Institutions

N/A

D. Future Sustainability Plan

It will take some time to be able to understand how such a small program will be able to transition these non-western services into a traditional medical model billing system, but Bridge House board and staff are fully committed to the continuation of these services to their Native Hawaiian and other adult clients. We are sure it can and will be done by the end of the two-year transition period.

One of the strategies that Bridge will use to make this happen is to participate in a National Accreditation process that includes this comprehensive system of incorporating cultural healing practices in substance abuse treatment and recovery. Bridge House is also collaborating with other Native Hawaiian-serving organizations on sufficiency planning and advocacy.

In addition, Bridge House will be contributing to the base of knowledge concerning cultural and 'āina-based support to the efficacy of substance abuse and treatment programs. It is our experience that the recovery services at risk for not being funded are just those that will matter in the lives of our Native Hawaiian population. With good evaluations and an analysis of results with comparative projects without these supplements, we believe the state will find appropriate supports within its system as they gain a better understanding of the economic savings that projects such as these make in terms of relapse, homelessness, incarceration and medical costs, much less the human suffering caused by this debilitating disease to individuals, families and the community.

Bridge House will continue to seek funding for improving Native Hawaiian Health disparities as they become available, such as OHA and HMSA. As we are able to begin to measure success in these areas, we are hopeful for an increase in support in the future of these Native Hawaiian Healing practices in our state and elsewhere.

E. Certificate of Good Standing

A Certificate of Good Standing from the DCCA is included in this applicant's ATTACHMENTS Section.

F. Declaration Statement

See ATTACHMENTS

G. Public Purpose

Ridge House, Inc. is a 501©(3) organization whose mission is “to assist adults in recovery from addiction develop successful living skills through residential and vocational experiences in a safe, supportive environment.”

ATTACHMENTS

1. Work Plan
2. Weekly Activity Schedule
2. BOD List
3. Organization Chart
4. Budget Forms
 - Budget Request by Source of Funds
 - Budget Justification Personnel Salaries and Wages
 - Budget Justification—Equipment and Motor Vehicles (N/A)
 - Budget Justification—Capital Projects Details (NA)
 - Government Contracts and/or Grants
4. DCCA Certificate of Good Standing
5. Certificate of Vendor Compliance
6. Declaration Statement of Applicants for Grants

WORK PLAN

Applicant: Bridge House, Inc.	Project Title: Ke Ala Kūpono Culture and 'Āina-based Substance Abuse Treatment and Recovery Services	
GOAL 1: Provide the necessary support and encouragement to restore Native Hawaiian and other adults in substance abuse treatment to a state of pono (mind, body and spiritual balance).		
Specific and Measurable Objectives & Activities:		
Objective #1: Engage 50 haumana per year into the culture and 'āina-based therapeutic activities of the Ke Ala Kūpono Program to bridge the gap between western substance abuse treatment, health and wellness concepts and the unique culture, traditions and spirituality of Hawai'i island.		
Key activities needed to meet this objective:	Responsible Staff	Timeframe
<ul style="list-style-type: none"> • <i>Ke Ala Kūpono: Aloha 'Āina</i> consists of developing a working and spiritual relationship with the 'āina through the practice of <i>mahi'ai</i>, (the cultivation of food crops), <i>mala</i> (garden), <i>la'au</i> (plant cultivation), and <i>malama</i> (land stewardship). • <i>Ke Ala Kūpono: Wahi Pana</i> supports the values of connection, sense of place, and <i>ku'auhau</i>. The activities include: honoring the inherent <i>mana</i> of Hawai'i Island and Bridge House alumni along with <i>kūpuna</i> as mentors. • <i>Ke Ala Kūpono: Maui Ola</i> provides <i>haumana</i> with nutrition education, access to exercise equipment, instruction, classes and activities, provides family-centered health activities, removes barriers to accessing healthcare services and provides a comfortable environment to acquaint <i>haumana</i> with the healthcare process. 	<p>Cultural Coordinator, Mala Coordinator, Program Assistant</p> <p>Cultural Coordinator, Program Assistant, Cultural Practitioners, Kūpuna</p> <p>Cultural Coordinator, Program Assistant, Mala Coordinator,</p>	<p>5 days per week</p> <p>Weekly</p> <p>Monthly 'ohana health events, Weekly nutrition education groups and healthy cooking education Semi annual family gatherings</p>

WORK PLAN

Applicant: Bridge House, Inc.		Project Title: Ke Ala Kūpono Culture and 'Āina-based Substance Abuse Treatment and Recovery Services	
GOAL 2: The Clean and Sober Housing Program will provide the necessary support and encouragement to assist 30 residents each year to adjust to a chemically abstinent lifestyle, to enhance independent living skills that may foster the transition to independent housing and self-management, and will support to the residents as they rejoin their communities and families as healthy productive <i>haumana</i> .			
Specific and Measurable Objectives & Activities:			
Objective #1: Enroll 30 haumana per year into the Clean and Sober Living Program for 6 months each.			
Key activities needed to meet this objective:		Responsible Staff	Timeframe
<ul style="list-style-type: none"> Subsidized residency after the ADAD-funded 61-day period while finding appropriate community housing 		E.D.; Care Coord.; trained staff	Up to 6 months
Objective #2: 30 Hauman per year will receive Vocational Skill-Building support until employed or in an educational program.			
<ul style="list-style-type: none"> Vocational Skill-Building Questionnaire for each client requesting residency. Daily skill-building activities on-site in agriculture, carpentry, computer, business, etc. and job keeping skills, such as punctuality, reliability, responsibility and honest Participation in continuing care services 		Continuing Care Coordinator Vocational Skills Assistant; Program Assistant; Cultural Practitioner	Once on entry Daily until employed, or in educational program Minimum of 16 hours each year

WEEKLY SCHEDULE

Bridge House Clean & Sober

times may
change

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

6:30am	Mahi'ai/'Ohi	Mahi'ai/Food Basket 'Ohi	Mahi'ai/'Ohi	Mahi'ai/'Ohi		Leave for to meeting	
8am	Chores	Chores	Chores	Chores	Chores		
8:30am	leave for court/treatment	Mala'ai w/Dr. Joe Acupuncture	leave for treatment/or VSB	Mala'ai w/Dr. Joe Acupuncture	Kukakuka	Chores	Beach/Outing
10:30am	VSB	"		leave for treatment/ or VSB	Uncle Bobo off-site Cultural Activities	VSB /Community Service	
12pm		Aha 'Ohana/lunch					
1:30pm	Ho'opono	Kūkākūkā - Women	Ka Hulili				
1:30pm	Aloha 'Aina	Aloha 'Aina-Men					
2:30pm		Aloha 'Aina-Women	Aloha 'Aina	Aloha 'Aina	Aloha 'Aina		
6pm	Leave for meeting	Leave for meeting	Leave for meeting	In-House Speaker Meeting	Leave for meeting		Leave for to meeting
10pm	lights-out	lights-out	lights-out	lights-out	lights-out		
11pm						lights-out	lights-out

LEGEND KEY

VSB=vocational skills building

Bridge House, Inc.

Board of Directors

2016-2017

President

Walter Welton
Builder Investor
75-5767 Melelina St.
Kailua-Kona, HI 96740

Cell: 937-5556
Home: 329-1373/Fax: 329-7079
animals@hawaii.rr.com

Vice President

Recording Secretary

Clement "Clem" Zierke
Retired CSAC
73-1018 Ahikawa St.
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Secretary/Treasurer

Paul Bangert
Manager at JRS International
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Holualoa, HI 96725

Cell: 896-0122/Ph: 322-5677
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Board Member

Paul Johnson
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pjtwc@aol.com

Board Member

Phil Freed
Executive Sales Manager
73-1166 Mahilani Dr.
Kailua-Kona, HI 96740

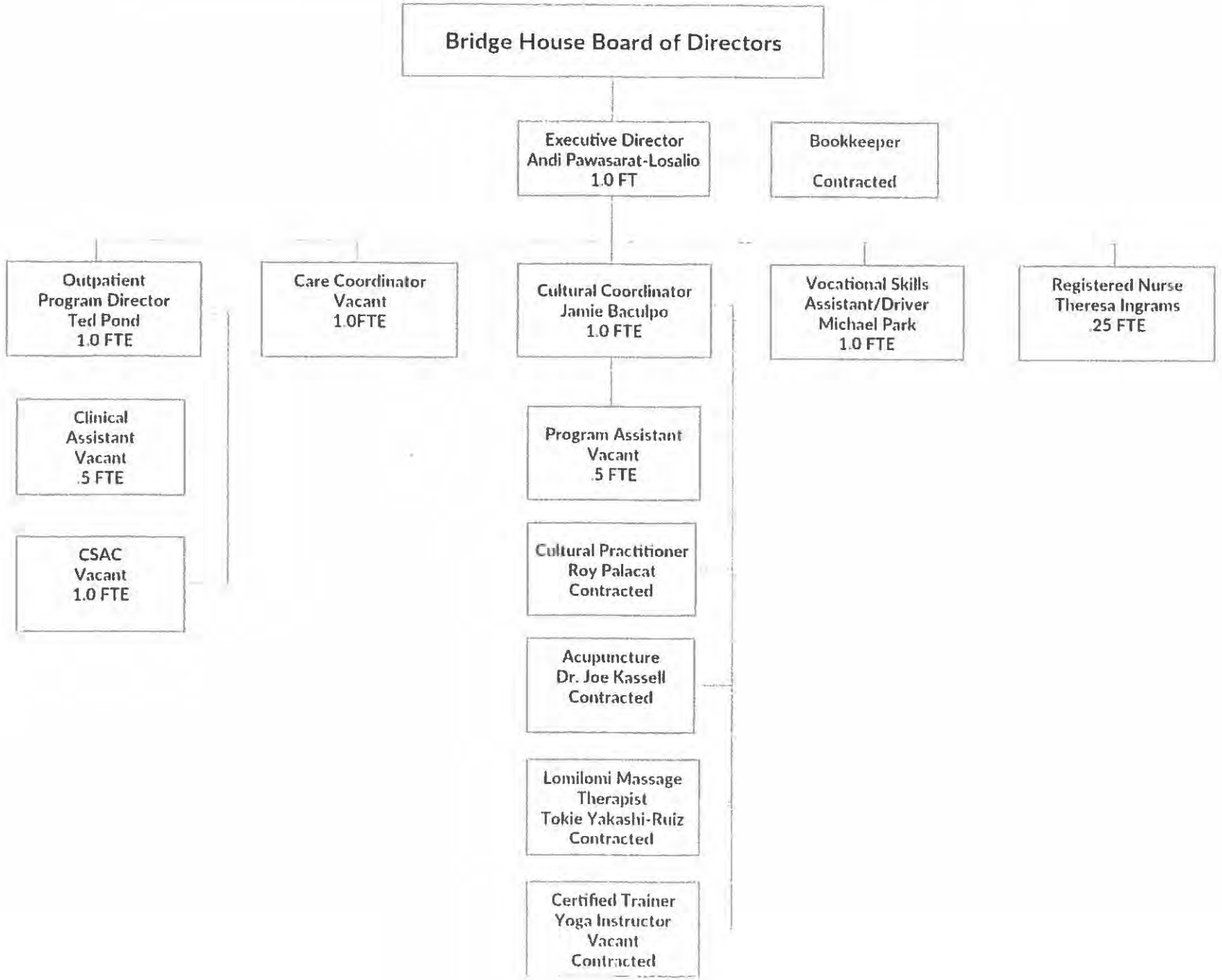
Cell: 640-8446
Philfree808@gmail.com

Board Member

Amanda Hurtado
72-4143 Awalua Place
Kailua-Kona, HI 96740

Cell: 345-1603
bigislandtlc@yahoo.com

BRIDGE HOUSE, INC. ORGANIZATION and PROGRAM CHART



BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2018 to June 30, 2019

Applicant: Bridge House, Inc

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	\$ 39,960.00		\$ 15,600.00	\$ 28,000.00
2. Payroll Taxes & Assessments	\$ 6,793.00		\$ 1,950.00	\$ 3,500.00
3. Fringe Benefits	\$ 5,400.00		\$ 2,400.00	\$ 4,800.00
TOTAL PERSONNEL COST	\$ 52,153.00		\$ 19,950.00	\$ 36,300.00
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island			\$ 300.00	\$ 300.00
2. Insurance	\$ 6,000.00		\$ 1,350.00	
3. Lease/Rental of Equipment				
4. Lease/Rental of Space	\$ 15,000.00			
5. Staff Training				
6. Supplies	\$ 5,000.00		\$ 2,000.00	\$ 2,400.00
7. Telecommunication	\$ 1,800.00			
8. Utilities				
9. Contractual Services Administrative			\$ 2,000.00	\$ 4,000.00
10. Repair and Maintenance			\$ 1,400.00	\$ 2,000.00
11. Lease/rental Motor Vehicle			\$ 3,000.00	
12. Audit Service				
13. Contactual Services--Subcontracts	\$ 23,500.00			
14. Postage & Freight				
15. Publication and Printing				
16. Transportation				
17. Subsistence/Per Diem				
18. Program Activities	\$ 500.00			
19. Fodd Provisions	\$ 1,700.00			
20. Vehicle Fuel & Maintenance	\$ 2,527.00			
TOTAL OTHER CURRENT EXPENSES	\$ 56,027.00		\$ 10,050.00	\$ 8,700.00
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	\$ 108,180.00		\$ 30,000.00	\$ 45,000.00
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	\$ 108,180.00	Andi Pawasarat-Losallo	808-322-3305	
(b) Total County Funds Requested	\$ 30,000.00		Phone	
(c) Total Private/Other Funds	\$ 45,000.00		11/17/18	
		Signature of Authorized Official	Date	
TOTAL BUDGET	\$ 183,180.00	Andi Pawasarat-Losallo, Executive Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: Bridge House, Inc.

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Executive Director	1.0 FTE	\$60,000.00	7.67%	\$ 4,600.00
Cultural Program Coordinator	1.0 FTE	\$35,360.00	100.00%	\$ 35,360.00
				\$-
				\$ -
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				\$ -
				\$ -
TOTAL:				39,960.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2018 to June 30, 2019

Applicant: Bridge House, Inc.

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
NA			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
NA			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2018 to June 30, 2019

Applicant: N/A

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2016-2017	FY: 2017-2018	FY:2018-2019	FY:2018-2019	FY:2019-2020	FY:2020-2021
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Bridge House, Inc.

Contracts Total: 123,930

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1					
2	SA Recovery Support--Vocational Skill-Build.	7/01/17-06/30/18	Hawaii County	County	\$15,750.00
3	2018 Grant-in-Aid	07/01/17-06/30/18	DOH-ADAD	State	\$108,180.00
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Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

BRIDGE HOUSE, INC.

was incorporated under the laws of Hawaii on 11/05/1990 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 09, 2018

Director of Commerce and Consumer Affairs



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs

Vendor Name: BRIDGE HOUSE, INC.*

DBA/Trade Name: BRIDGE HOUSE, INC.*

Issue Date: 01/17/2018

Status: Compliant

Hawaii Tax#: [REDACTED]

New Hawaii Tax#: [REDACTED]

FEIN/SSN#: [REDACTED]

UI#: [REDACTED]

DCCA FILE# 81797

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation Internal Revenue Service	Compliant Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) 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 is awarded;
 - b) Complies 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;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant 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.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant 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 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.

Bridge House, Inc.

(T)

(Signature)

(Date)

1/17/18

Andi Pawasarat-Losalio, Executive Director

(Typed Name)

(Title)