

January 19, 2022

**Kea'au Administrative Office
and Treatment Center**

16-179 Melekahiwa Street
Keaau, Hawai'i 96749
P: (808) 969-9994
F: (808)969-7570

State Capitol
Senate Committee on Ways and Means
Room 208
Attn.: GIA
Honolulu, Hawaii 96813

Re: GIA Application | Fiscal Year 2023 (July 1, 2022 to June 30, 2023)

Aloha,

Enclosed you will find GIA Application | Fiscal Year 2023 (July 1, 2022 to June 30, 2023) with the following documents as requested.

I verify that grant shall be used for a public purpose.

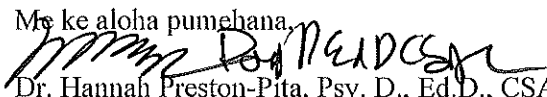
Application Submittal Checklist

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds
 - b) Personnel salaries and wages
 - c) Equipment and motor vehicles
 - d) Capital project details
 - e) Government contracts, grants, and grants in aid
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing

NUMBER OF COPIES SUBMITTED: One (1) Original

If there are any questions and or concerns, please feel free to contact either myself or my Executive Secretary, Piilani Sevaio at 969-9994 extension 827.

Me ke aloha pumehana.


Dr. Hannah Preston-Pita, Psy. D., Ed.D., CSAC
Chief Executive Officer

Board of Directors
Chief Executive Officer
Hannah Preston-Pita

President
Pat Engelhard

Vice President
Catherine Kamau

Finance Chair
Richard Henderson

Secretary
Vanessa Carlson

Members
David Bishaw
Dave DeLuz Jr.
Danny Paleka
Sharri Thornton

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
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- 7) Experience and Capability
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AUTHORIZED SIGNATURE

HANNAH PRESTON-PITA, CEO

PRINT NAME AND TITLE

JANUARY 19, 2022

DATE

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Dba:
Big Island Substance Abuse Council BISAC

Amount of State Funds Requested: \$2,000,000.00

Brief Description of Request (Please attach word document to back of page if extra space is needed):
BISAC plans include land acquisition and a build out of a micro-unit campus to provide additional bed space capacity and expand continuum of care.

Amount of Other Funds Available:

State: \$ 100,000.00
Federal: \$ _____
County: \$ _____
Private/Other: \$ 250,000.00

Total amount of State Grants Received in the Past 5
Fiscal Years:

\$ 100,000.00

Unrestricted Assets:

\$ 789,474.00

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

- 501(C)(3) Non Profit Corporation
- Other Non Profit
- Other

Mailing Address:

16-179 Melekehwa Street
City: State: Zip:
Keaau HI 96749

Contact Person for Matters Involving this Application

Name: Hannah Preston-Pita	Title: Chief Executive Officer
Email: dr.hannah@bisac.com	Phone: 808-969-9994 ext. 827

Federal Tax ID#: [REDACTED]	State Tax ID#: [REDACTED]
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Authorized Signature

Hannah Preston-Pita, CEO

Name and Title

01/19/2022

Date Signed



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: **BIG ISLAND SUBSTANCE ABUSE COUNCIL**

DBA/Trade Name: **BIG ISLAND SUBSTANCE ABUSE COUNCIL**

Issue Date: **01/03/2022**

Status: **Compliant**

Hawaii Tax#: 40398454-01

New Hawaii Tax#:

FEIN/SSN#: XX-XXX8043

UI#: XXXXXX1893

DCCA FILE#: 11943

Status of Compliance for this Vendor on Issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
8821	Internal Revenue Service	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	A status determination has not yet been made
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 REVISED 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.

Big Island Substance Abuse Council

(Typed Name of Individual or Organization)



January 19, 2022

(Signature)

Hannah Preston-Pita

(Date)

CEO

(Typed Name)

(Title)

Application for Grants

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

I. Certification – Please attach immediately after cover page

- 1. Certificate of Good Standing (If the Applicant is an Organization) – included**
- 2. Declaration Statement - included**
- 3. Public Purpose**

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

The grant will be used for public purposes. Additional criteria for S42F-102 is embedded throughout the application.

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

The Big Island Substance Abuse Council (BISAC) is a 501(c) (3) non-profit organization which has been in operation since 1964. The Big Island Substance Abuse Council provides culturally appropriate, evidenced based behavioral health care treatment. For over 50 years of providing services, BISAC's positive reputation has been a long-standing influence in the community, providing a comprehensive continuum of substance abuse treatment services which include Residential, Day Treatment (DT), Intensive Outpatient (IOP), Outpatient Treatment (OP), Therapeutic Living Programs (TLP), Clean and Sober Housing and Mental Health Services for all Hawai'i County. Current adult outpatient sites are located on the Hawai'i Island (Hilo and Kona); adolescent outpatient sites on the islands of Hawai'i (Hilo); servicing school based programs throughout the island of Hawai'i; mental health services (dba Hawai'i Island Health and Wellness Center) in Hilo; Three (3) Therapeutic Living Programs (Hilo); Two (1) clean and sober living programs (Hilo); Vocational Training Services, and Employee Assistance programs (dba Kokua EAP) on the island of Hawai'i; and providing mobile mental health and substance use services in rural underserved areas.

Current services continue to inspire and enrich lives by improving the lives of individuals, their families and as a result their communities. All federal and/or state funding are compliant and within budget. On an annual basis, BISAC treats about 1,000 individuals with an average of about 50,000 service encounters. BISAC's mission is inspiring individuals to reclaim and enrich their lives by utilizing innovative resources and harnessing the strengths within each person. It is through this mission that BISAC strives to have its vision of a community where everyone can

be free to live an enriched life of health, happiness, and over-all well-being a reality by providing the following culturally appropriate, evidence-based behavioral health care treatment services and programs. The requested funding will allow for BISAC to create a behavioral health campus to help increase bed capacity and expand to the island's first residential treatment center (to reduce waitlist and underserved populations); include stabilization and/or detox beds (eliminate gaps in services), and enhance BISAC's core services (e.g., day treatment, intensive outpatient, outpatient, etc.) for both adults and adolescents island wide.

2. The goals and objectives related to the request;

The purpose of the Behavioral Health Campus project is to consolidate BISAC and expand its comprehensive menu of treatment offerings at a single Behavioral Health Campus that is easily accessible and centralized. The future site will have the include 30 micro-units, community center, resource center and vocational training hub where 75-100 individuals will reside for higher level treatment, treatment/therapy booths, offices, etc. The objective would be 1) to expand BISAC's infrastructure and provide a more comprehensive treatment approach; 2) create a hub for integrated services; and 3) expand the treatment episode of care. The requested funds will help BISAC achieve its project goals to build a behavioral health campus that will mitigate the gap in services on Hawai'i Island, create a healing center for individuals and their families to thrive and reclaim their lives.

Goal: To provide a centralized, community-based facility to support behavioral health care services at all levels.

- Expand BISAC's infrastructure and provide a more comprehensive treatment approach.
- Provide opportunities for multiple health and human services in a single location
- Create a hub for integrated services
- Create a resource center equipped with vocational training stations, social enterprise job training, resource pantry for individuals and their families, fitness center, etc. to help provide a more holistic care.
- Provide childcare for staff and clients.
- Provide living options for travelling providers.
- Expand the treatment episode of care to support the needs in the community (e.g., residential treatment, provider training programs and placement, and stabilization beds/detox.).

Objectives: The funding will be needed for capital request to build units and for acquisition of land.

- Assistance with acquisition of a 4–6-acre parcel
- Build 25 micro-units for live-in treatment clients
- Build treatment/therapy privacy booths for treatment, mediation, etc.
- Build resource/community center
- Build office to support administrative tasks

3. The public purpose and need to be served;

The grant will be used to provide the infrastructure necessary to expand services, fill gaps in services, and enhance continuum of care. Rural underserved areas create health care disparities. The patient to primary care ratio in rural areas are 39.8 physicians per 100,000 which is much higher than the ratio in urban areas.¹ Hawaii County as a whole has received the medically underserved designation for having few primary care providers, high infant mortality, and high poverty and/or high elderly population.² The following areas also meet health professional shortage areas (HPSA) based on the following criteria: population-to-provider ratio; percent of population below 100% of the federal poverty level; and travel time to the nearest source of care (NSC) is outside the HPSA designation area. The scores ranges are as follows: primary care 1 to 25; dental health 1 to 26; and mental health 1 to 25. The higher the score the greater the need for additional medical services which increases an area's priority placement of new practitioners (which is basically a score of 14 or higher).

A survey of current providers also demonstrated the need for additional providers to fill the gaps in services and address the needs in these communities. The survey was collected and confirmed with the HMSA Participating Provider Directory.³ The survey included APRNs, Family Practice, Psychiatry, MFTs, Mental Health Counselors, Psychologists, Social Workers, and Substance Use Providers. It is important to note that some of the providers completed services across several areas which could: inflate the total number of providers in each catchment area and limit the amount of service hours/days provided in each area. Almost half of the providers serviced are not seeing new patients and a large portion do not accept Medicaid or Medicare. This site will allow for BISAC to expand treatment care and capacity for additional providers.

Communities rely upon an integrated and multi-disciplinary work force which is difficult to find in rural remote areas due to limited providers, lack of resources, recruitment and retention issues, accessibility issues, higher rates of chronic disease, higher rates of poverty, and geographic challenges.⁴ SAMHSA noted a demand to increase the supply of specialized professionals to address the nation's behavioral health needs.⁵ The workforce functions to address all aspects of SUD. This multi-disciplinary team approach includes however are not limited to psychiatrists, psychologists, social workers, marriage and family therapists, addiction counselors, peer support specialists, etc.

A survey of current providers also demonstrated the need for additional providers to fill the gaps in services and address the needs in these communities. The survey was collected and confirmed with the HMSA Participating Provider Directory.⁶ The survey included APRNs, Family Practice, Psychiatry, MFTs, Mental Health Counselors, Psychologists, Social Workers, and Substance Use Providers. It is important to note that some of the providers completed

¹ <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>

² <https://data.hrsa.gov/tools/shortage-area/mua-find>

³ <https://hmsa.com/search/providers/assets/pdf/quest-medical-directory.pdf>

⁴ https://depts.washington.edu/uwrhrc/uploads/RHRC_PB146-1.pdf

⁵ <https://www.samhsa.gov/workforce>

⁶ <https://hmsa.com/search/providers/assets/pdf/quest-medical-directory.pdf>

services across several areas which could; inflate the total number of providers in each catchment area and limit the amount of service hours/days provided in each area. Almost half of the providers surveyed are not seeing new patients and a large portion do not accept Medicaid or Medicare. While the island has some treatment options, the services are fragmented and lack comprehensiveness.

According to Rural Health Information Hub ⁷ access is defined as “timely use of personal health services to achieve the best possible health outcome.” Hawaii County has pockets of low-income, rural, “off the grid” geographically isolated communities. It also consists of extremely isolated locations and mountain barriers that make travel difficult, expensive, and lengthy. Many Hawai’i County residents must depend on car travel or air transportation to access specialty health care and other needed services. There are bus services, but they travel limited routes (main thorough ways which may be several miles from people’s homes) and schedules (one way in the morning and one way in the afternoon).

The severe shortage of behavioral health care services and the lack of capacity to treat and meet the demand for individuals requiring services has grown exponentially. Hawaii Island has major behavioral health challenges that include drug use, mental health disorders, provider shortage, behavioral health treatment capacity and accessibility issues. According to Community Health Needs Assessment, December 2018⁸. The needs included: barriers to accessing health care, geographic isolation, low income with high cost of living, and limited health care resources and infrastructure. Hawaii County Needs: Develop and strengthen mental health services, homelessness organizations, mental health, and addiction. Highest rate of poverty, receiving general assistance, houseless, food insecurity and percentage of SNAP eligibility, frequent mental distress, heavy drinking, suicide death rate, single parent households, students eligible for free lunch, teen suicide attempt, children below poverty, teen vaping, teen alcohol and illicit drug use, adults not seeing a doctor because of cost, adults without health insurance, public health insurance only, and provider shortage.

According to Hawaii County Community Health Needs Assessment, November 2015, North Hawaii Hospital ⁹ The summary of findings included an extensive set of quantitative data from many health care providers who serve vulnerable populations with unmet health needs. The needs include Access to health services – high rates of poverty impede access to care, shortage of primary and specialty physicians, transportation is a challenge, and lack of mental health integration; Mental health and Substance Abuse – access to service and mental health professional shortage areas. In 2011 there were 756 hospitalizations due to mental health per 100,000 hospitalizations (North Hawaii Hospital). Highly impacted populations include children, teens, and adolescents.

Alcohol was involved in 47% of all motor vehicle deaths in 2008-2012, placing Hawaii County in the worst quartile of all U.S. counties. Death due to cirrhosis from heavy alcohol use was 10.8 deaths per 100,000 population in 2011-2013: higher than the state (6.7) and the nation (10.2)

⁷ <https://www.ruralhealthinfo.org/topics/healthcare-access>

⁸ <https://www.hah.org/wp-content/uploads/2019/04/2018-HAWAII-CHNA-compressed.pdf>

⁹ <https://www.queens.org/media/file/CHNA%20Hawaii%20County%202016.pdf>

overall. Deaths due to drug poisoning higher in Hawaii County than any other state. In 2004-2010, there were 12.1 deaths per 100,000 population in the county, compared to 9.3 in the state overall. In 2006-2010, 11.4% of hospitals admissions were due to substance-related disorder compared to state average of 8.9%. High correlation between substance use and mental health issues. Mental health and health risk behaviors – access to care is limited; rates of both suicide deaths and substance use are high and disproportionately impact Native Hawaiians; substance use is an area of concern for adolescents and pregnant women; and high domestic violence rate. Social and Economic Determinants of Health for Hawaii County: income, poverty, education, etc. While the island has primary care options, the services are fragmented and lack comprehensiveness. To increase access and improve continuity of care, Hawaii County residents need the following: Improved access of care, increased bed capacity, reduced wait time and waitlist, allow for same-day visits and care coordination, decrease barriers between behavioral and mental health, and expand behavioral health continuum of care. The site is a win-win for Hawaii Island because it will provide another resource to help close the gap in needs, expand the continuum of care, mitigate waitlist for treatment, provide additional service providers a hub to do training and provide services, and allow for residents to remain on island for treatment.

Currently we are starting to see the beginnings of a state-wide crisis. The current pandemic has certainly increased our numbers for not only substance use but also psychological issues (e.g., depression, anxiety, grief, suicides, etc.). The psychological impact has resulted in an increase in more grief and loss issues as it pertains to job loss, traumatic life changes, etc. The behavioral health (substance use, psychological, etc.) will have deep and long-lasting impacts in our communities. The behavioral health component of a pandemic is often not placed as a priority, however if left unaddressed it will create larger scale systemic psycho-social-economic impacts. This site will provide a centralized community setting for individuals to receive specialized care (e.g., stabilization beds, residential treatment, outpatient services, etc.) which currently is non-existent in Hawaii County. It is critical currently to be proactive and strengthen our line of defense for behavioral health services.

This project will:

- Effectively address the needs of the island's drug abuse epidemic and its residual effects;
- Decrease the barriers between behavioral and mental health care;
- Reducing the stigma that burdens those dealing with behavioral and mental health diagnosis;
- Reducing the wait time and exhausting wait-lists, allowing same day visits and care coordination,
- Focus on those that pose a higher risk due to living in rural and under-served areas; and
- Will provide an increase in bed space for those seeking in-house care which often time is reflective of our state's homelessness population.

4. Describe the target population to be served;

The Big Island Substance Abuse Council (BISAC) provides a continuum of care to both adolescents and adults who need behavioral health services. BISAC provides services to all individuals regardless of income. Many individuals treated are below poverty level, are either uninsured and/or under insured, and well as receive Medicaid/Medicare benefits. About 900 clients served annually, meet the poverty level criteria.

The target population for the current proposal is the rural residents living in Hawai'i County, constitutes the entirety of the Big Island in the state of Hawai'i. With a total current population of 201,513 (US Census, 2019)¹⁰, the entire island falls under the Medically Underserved Area (MUA) designation. The Island of Hawai'i is the largest of all the Hawaiian Islands, at roughly 4087 sq. miles it is larger than all the other major islands combined. Economic disparities are mirrored in the medical and mental health needs of the community; the large majority of the county is designated as a Health Professional Shortage Area (HPSA) for both primary care and mental health service providers (Hawai'i Department of Health, 2016). Geographical isolation, poverty, an aging population, increases in need due to substance abuse, and a shortage of mental health and primary care providers contribute to limited-service access. Due to the expansive geographical topography, the current services and provider counts doesn't include the distance that it takes for individuals to travel to receive services with larger cities with more resources. Although, we do not have sites in all the rural areas, a significant portion of clients are from rural areas. BISAC has provided accommodations for clients by providing options such as telehealth. Rural underserved areas such as the districts of Pahoa, Ka'u, Kona, Honoka'a, Waimea, and Kohala make it extremely difficult for individuals to receive the necessary care due to the geographic location, provider and service shortage, and lack of transportation. The campus would address these needs by providing a large enough site to fill the substance use needs in our community.

BISAC understands the diverse effects of substance abuse and its detrimental impacts it can have on our island communities. The agency is well equipped with the specialized expertise, the necessary reach into the rural locations of the island and is qualified to tackle the behavioral health needs of the island. This site is foreseen to be the mechanism that will enable BISAC to provide a higher level of behavioral and mental health care that will decrease the barriers between behavioral health and mental health care, reduce the stigma that burdens those dealing with behavioral and mental health diagnosis, reduce the wait time and exhausting wait-lists, allowing same day visits and care coordination, focusing on those that pose a higher risk due to the socio-economic determinates that come with living in a rural and underserved area, and provide an increase in bed space for those seeking in-house care which often times is reflective of our State's homelessness population.

5. Describe the geographic coverage.

The island in its entirety is BISAC's target area and because BISAC offices are centrally located in Hilo, Keaau, and Kona as well as being present in several schools across the island, the agency has the means to assist those in need of overcoming some of the physical barriers to accessing

¹⁰ [https://www.census.gov/quickfacts/fact/table/hawaicountyhawaii/PST045219?](https://www.census.gov/quickfacts/fact/table/hawaicountyhawaii/PST045219?_lang=en)

much needed behavior health services. The island of Hawai'i is the largest of the United States Hawaiian archipelago located in the Pacific. At roughly 4087 sq. miles, it is larger than all the other major islands combined and is a geographic wonder that boasts 11 of the 13 climate zones on the planet.

These challenges create silos of underserved populations in need of professional behavioral health services. BISAC can be instrumental in connecting rural populations with affordable, professional mental health services. BISAC is committed to its island-wide service area and understands the needs of the pockets of low-income, rural, geographically isolated communities. The site will be able to provide 45 more beds to decrease the wait time for individuals to receive higher level of care.

III. Service Summary and Outcomes

1. Describe the scope of work, tasks and responsibilities;

Scope of Work and Tasks: The Grant-In-Aid funds will be used to land acquisition and build out of 30 micro-units, 15 therapy privacy pods, resource center to include: common areas for fitness, childcare stations, vocational training groups, and administrative office space. On-going meetings have been held with HPM Building Supply and architect regarding offsite build out of twenty-five, 720 square ft 2-bedroom units for residential, therapeutic living programs, and clean and sober housing, and an additional five units for administration. The Chief Executive Officer, Dr. Hannah Preston-Pita, Director of Operation, Miriama Lualu, and Board of Directors will provide oversight of the project. Monthly Board meetings will include discussion of status of project, timelines updates, and budgetary action items.

Responsibilities: All capital campaigning will be overseen by CEO, Hannah Preston-Pita. As soon as land is acquired and build outs completed BISAC will work with contractor to finalize on-site project. Meetings will be regularly scheduled to ensure that project meets projected timelines and remains within budget. In addition to GIA BISAC will also be applying for the Harry and Jeanette Weinberg Foundation.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

<i>Project Tasks/Objectives</i>	<i>Person Responsible</i>	<i>Start</i>	<i>Complete</i>
CIP Award \$2,000,000.00	BISAC/State		June 30, 2023
Acquire 4–6-acre parcel	BISAC	November 2021	July 1, 2022
Land clearing and prep	BISAC/Contractor	August 2022	August-September 2022
Off-site build out of micro-units	BISAC/HPM	August – September 2022	December 1, 2022
On-site build out of larger resource building	BISAC/Contractor	September 2022	February 2023
Move micro-units to site	BISAC/HPM/Contractor	February 2023	April 2023

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

Programmatic Quality Assurance Plan

In alignment with BISAC’s mission statement and commitment to provide quality of care across the continuum of treatment, BISAC is involved in an ongoing performance evaluation. BISAC is responsible for maintaining an on-going program of Quality Assurance. The primary purpose of this program is to objectively and systematically monitor and evaluate the opportunities to improve client care, identify trends and to resolve identified challenges. The overall goal is to assure high quality care by developing mechanisms, which involve both professional and administrative staff in all aspects of the Quality Assurance process. This policy applies to all persons served and governs the activities of all staff, employees, independent contractors and volunteers providing services within any treatment modality of the Big Island Substance Abuse Council.

The Quality Assurance Program is designed to meet the following objectives:

1. Assure that optimal and appropriate care is provided in a safe, clean and wholesome environment. Coordinate all care monitoring functions with particular emphasis on compliance with professional standards, program planning, risk management and cost containment. Assure that all services are provided cost effectively.
2. Assure that all practitioners who provide services fulfill their professional obligations in accordance with applicable local, state and federal laws, the standards of CARF and the Hawaii Administrative Rules.

3. Establish a mechanism for evaluating and revising objectives, scope, organization and effectiveness of the Quality Assurance Program. Systematically evaluate all components of treatment planning by utilizing objective criteria and assure the content and quality of client records.
4. Assure that challenges and opportunities for program improvement are identified through a variety of on-going data gathering activities. Prioritize issues that bear directly on the quality and appropriateness of the services provided to persons served. Establish mechanisms for monitoring corrective activities, thereby assuring the effectiveness of challenge resolution.
5. Ensure that Quality Assurance activities are integrated and coordinated within every treatment program, in order to minimize unnecessary duplication of effort and to promote cost effectiveness. Communicate the objectives, mechanisms and results of the Quality Assurance Program to Program Supervisors who relate the information to staff throughout the organization.

The reports analyze potential barriers, reasons why clients did not enter treatment and offers viable solutions as needed to address potential gaps in service or to remove barriers. The primary function of the Big Island Substance Abuse Council's Quality Assurance Program is to objectively and systematically monitor and evaluate the opportunities to improve client care and to resolve identified challenges. The overall goal is to ensure high quality care by developing mechanisms, which involve both professional and administrative staff in all aspects of the Quality Assurance process. Service delivery enhancements are guided by measurements pertaining to *efficiency* and *effectiveness*. Measures of *efficiency* include, but are not limited to, service delivery costs, occupancy rates, and may also include access measures such as waiting time for care, convenience of hours or response time. Satisfaction measures include whether BISAC instilled hope, treated the person with respect and dignity, or responded to grievances or concerns. Measures of *effectiveness* may include maintenance of abstinence, how well the client integrated within the community, and reduction or elimination of incidence of relapse as measures over time.

Campus/Site Quality Assurance/Performance Measures

Goals	Activities	Responsible Person	Outcomes/Process Measures	Status
Expand continuum of care	<p>Develop schematic plan that includes the foundation for comprehensive treatment</p> <p>Develop MOAs between partnering agencies</p> <p>Ensure plan aligns with accreditation authority and licensing.</p>	CEO, Director of Operations and Facilities Manager	<p>Completed service proposal and completion of project design</p> <p>Completed signed MOAs and Letters of Support</p> <p>Seek on-going guidance from OCHA and CARF</p>	Completed
Provide increase in bed capacity	Create site plans	CEO, BOD, Director of Operations and Facilities Manager	Architectural design and coordination; structural design, mechanical design, ADA Consultation, and interior design. Develop up to three basic building shape/form concepts informed from program above. Building shape/form analysis will include commentary regarding type of construction and occupancy for future consideration	On-going
	Implement Construction plans	CEO, BOD, Director of Operations, Facilities Manager, HPM, and Contractor	Architectural design and coordination; structural design, mechanical design, ADA Consultation, and interior design. Develop up to three basic building shape/form concepts informed from program above. Building shape/form analysis will include commentary regarding type of construction and occupancy for future consideration	On-going
	Build out and move micro-units to site	CEO, BOD, Director of Operations, Facilities Manager, HPM,	Micro-units relocated to site	On-going

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

CIP Quality Assurance and Evaluation: BISAC's current quality assurance and evaluation for the CIP funds will be reviewed and monitored by CEO and BISAC's Board of Directors to evaluate goals, objectives, and timelines. Measures and outcome effectiveness will be based on the project planning/implementation, completed construction tasks and timelines.

Outcomes:

- Acquire 4–6-acre parcel
- Clearing and preparation of site
- Off-site build out of 30 micro-units
- Move micro-units to site
- Receiving Contractor will connect units to water, electric, sewage, etc.
- Build out resource center
- Furnishing of micro-units

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.

All required budget forms forthcoming

- a. Budget request by source of funds (Link)
- b. Personnel salaries and wages (Link)
- c. Equipment and motor vehicles (Link)
- d. Capital project details (Link)
- e. Government contracts, grants, and grants in aid (Link)

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2023.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$2,000,000				\$2,000,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2023.
BISAC will be seeking additional funds from foundational grants and CDBG to provide support for construction of site. A capital campaign will assist with remaining cost.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

Not applicable.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2023 for program funding.

The following is a list of some of the agency's current contracts, contract compliance, and satisfactory delivery of services. The list demonstrates record of successfully implementing a continuum of care to meet the needs of Hawai'i Island communities. services are provided in partnership with various government agencies and organizations such as the Alcohol and Drug Division, Big Island Drug Court, Big Island Veterans Treatment Court, the Hawai'i Paroling Authority, and the Hawai'i Island United Way, Inc. For further details on any or all the mentioned contracted partnerships, documents will be made available upon request.

CONTRACT	DESCRIPTION	PERFORMANCE
ALCOHOL AND DRUG ABUSE DIVISION 601 Kamokila Blvd., Rm 360 Kapolei, HI 96707 Contact: Ami Aiona (808) 692-7511 Treatment, TLP Services, School Based Treatment, Dual Diagnosis, PWWDC and Integrated Case Management:	ADAD – CONTRACT 22-039 – Behavioral Health Substance Use Disorder Continuum of Care Service Array for Adults and Adolescents 10/01/21 – 09/30/23 – TOTAL \$5,500,00	monitoring on-going.
	ADAD – CONTRACT 20-99 – Substance Use Disorder (SUD) Continuum of Care for Adults and Adolescents 10/01/19 – 09/30/21 – TOTAL \$5,210,000	
	ADAD – CONTRACT 19-224 – Law Enforcement Assisted Diversion (LEAD) 02/12/19 – 02/11/20 – TOTAL \$650,000	
BIG ISLAND DRUG COURT & BIG ISLAND VETERAN'S TREATMENT COURT 81-940 Haleki'i Street Kealahakua, Hawai'i 96750 Contact: Dawn West, (808) 443-2201 Grayson Hashida, (808) 443-2201 Treatment, TLP Services	J20094 – Big Island Drug Court Adults and Veterans Court July 1, 2019 – June 30, 2020 - \$155,000 July 1, 2020 – June 30, 2021 - \$124,000 July 1, 2021 – June 30, 2022 - \$124,000 July 1, 2022 – June 30, 2023 - \$124,000	Successful implementation of programs, developed quality assurance measures and increased service delivery to different sites. Also, provided support and guidance to drug court clients.
HAWAII PAROLING AUTHORITY Keoni Ana Building 1177 Alakea Street, First	Contract 67304 – Adult TLP <ul style="list-style-type: none"> • 06/01/18 – 05/31/22 - \$135,000 Contract 66975 – Adult Treatment <ul style="list-style-type: none"> • 06/01/18 – 05/31/22 - \$110,000 	Program Performance Results: Ability to provide housing during treatment. Successfully

<p>Floor Honolulu, HI 96813 Contact: Michael Knott (808) 587-1309 Treatment, TLP Services</p>		<p>provided housing for reintegration of individuals following treatment.</p>
<p>DEPARTMENT OF PUBLIC SAFETY 919 Ala Moana Blvd, 4th Floor – Room 413 Honolulu, HI 96814 Contact: Shelley Harrington, Suzette Shimokihara</p>	<p>Contract 67679 01/01/19 – 12/31/22 - \$70,000</p>	<p>Compliant</p>
<p>KOKUA EAP Hapuna Beach Prince/Mauna Kea Beach Hotel 1833 Kalakaua Ave., Suite 610 Honolulu, HI 96815 Contact: Lourdette Ontiveros (808) 880-3417</p>	<p>▪ <i>Kokua EAP Contract - No Limit</i></p>	<p>Developed an EAP process for individuals within the workplace</p>
<p>HAWAII ISLAND UNITED WAY, INC. PO Box 745 Hilo, HI 96721-0745 Contact: Cheryl Hollin (808) 935-6393</p>	<p>Hawaii Island Health & Wellness Center – \$10,000 07/01/20 – 06/30/22</p> <p>Hawaii Island Health & Wellness Center – \$14,000 07/01/18 – 06/30/20</p>	<p>Contract utilized and benchmarks met</p>
<p>Kamahemeha Community Investment Grant 567 South King Street, Suite 200 Honolulu, HI 96813</p>	<p>Vocational Training Program \$150,000.00 (2022-2023) \$200,000.00 2 years (2017-2021)</p>	<p>Program Outcomes met</p>
<p>COUNTY OF HAWAII 25 Aupuni Street Hilo, HI 96720 Contact: Maile David, Chair-Human Services and Social Services Committee</p>	<p>07/24/19 – 06/30/20 – TOTAL \$106,015 07/01/17 – 06/30/18 – TOTAL \$99,000 07/01/16 – 06/30/17 – TOTAL \$84,250 07/01/15 – 06/30/16 – TOTAL \$50,000</p>	<p>Contract utilized and benchmarks met</p>
<p>Hawaii Community Foundation - Tobacco Cessation 827 Fort Street Mall Honolulu, HI 96813 (808) 566-5545</p>	<p>Grant 78758 – Tobacco Prevention and Control Trust Fund, Just Ha – Just Breathe 07/01/2019 – 06/30/2024 \$225,000.0 07/01/2016 – 06/30/2019 – 3 year award, TOTAL \$225,000</p> <p>Grant 95659 – Tobacco Prevention and Control Trust Fund, Tobacco Cessation 07/01/2019 – 06/30/2023 – 4 year award, TOTAL \$300,000</p> <ul style="list-style-type: none"> • 07/01/19 – 06/30/20 - \$75,000 	<p>Provide Tobacco Cessation groups, provide community outreach to provide resource information and promote our program.</p>
<p>Hawaii Community Foundation - Hawaii Island Volcano Recovery Fund 827 Fort Street Mall Honolulu, HI 96813 (808) 566-5545</p>	<p>Contract 18HCF-92716 08/20/2018 – 05/31/2019 - \$10,000</p>	<p>Provide Psychological Assessments, Individual Therapy Sessions and Group Therapy Sessions for those impacted by the lava.</p>

Department of Health – GIA ASO 16-116
 Grant 02/01/16 – 03/31/17 - \$177,693
 1250 Punchbowl Street
 Honolulu, HI 96813

Purchase of 4 – 15
 passenger vans to
 provide transportation
 services for individuals
 who reside in rural
 areas.

Atherton Family Foundation 827 Fort Street Mall Honolulu, HI 96813-4317 Contact: Pamela Funai (808) 566-5537	Grant 17CON-86460 - \$15,000 06/13/2017 – 06/12/2018 Farm to Table Social Enterprise	Po'okela Vocational Program – Food Truck/Culinary arts
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6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2021.
 The amount is \$789,474.00

V. Experience and Capability

1. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

For 58 years, BISAC has successfully demonstrated its competent and highly qualified skillset, knowledge, and its high-quality behavioral health experience-base by delivering professionally driven and cultural-based services to the County of Hawai'i at all levels of behavioral health care. Behavioral Health includes substance abuse and co-occurring mental health issues that has adverse effects on an individual's and or families' overall wellbeing. A prime component that provides exemplary backing is the almost 30-year recognition of CARF highest 3-year accreditation designation. To expand on verifying BISAC's previous extensive and successful experience in providing substance abuse, mental health, and other relevant services. The last 5 years of financial audits have been clear of any recommended actions. Our CARF accreditation, contract reviews, current licenses, and audits demonstrates that we are fiscally, clinical and administratively sound and aligning with our mission. BISAC currently has 70 staff members who either provide service, sit in administrative positions, and/or serve on our executive management team.

BISAC's Executive Management Team is well-qualified and has many years of experience in managing programs.

The **Chief Executive Officer** has over 15 years in the behavioral health field and holds a doctorate degree in Clinical Psychology and a second doctoral degree in Education – Transformational Leadership. She has been the CEO at BISAC for 10 years. During her tenure at BISAC she has expanded program reach, enhanced existing services, and added specialty programs to the organization.

The **Director of Operations** has a master's degree in Public Administration and has extensive experience working and managing programs in the private and public sector. Her role includes planning and running day to day operations, development of processes that improve overall operations, and developing revenue margins and key performance indicators.

The **Human Resource Coordinator** has served in the military for over 20 years. He is a retired sergeant major and has worked in the field of behavioral health for 5 years. He has managed to revamp the department to progress successfully.

The **Compliance Manager** has worked for BISAC for over a decade. Her experience within the agency has been holding roles in quality assurance, contract management, billing, and human resources. Her understanding of the company's policies and contract monitoring brings an all-inclusive perspective that supports the agency's systems and processes.

BISAC's **Clinical Directors** have a combined 25 years of behavioral health experience with degrees/licensures ranging from Clinical Psychologist, Nursing degree, and certified substance abuse counselor. They provide operational and clinical oversight of their programs.

The **Health and Safety and Quality Assurance Manager** has a bachelor's degree and is currently working on attaining his substance abuse counselor certification. CARF provided an exemplary mark for his ability to manage the agency's health and safety.

The **Facilities Manager** has over 20 years of property management and maintenance. In recent years he has been responsible for renovation projects which included: project budgets, developing timelines, and implementation and management for all BISAC sites.

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

All of BISAC's adult Outpatient (OP) facilities and Therapeutic Living Programs (TLP) are handicap accessible and either meet or have plans to meet ADA requirements and local/state building codes designated by fire and county agencies. Properties are zoned appropriately to meet the needs of TLP (Community Housing), IOP Treatment and OP Treatment services. The East Hawai'i (Hilo) TLPs are currently licensed by the Office of Healthcare Assurance. Random visits are conducted by Quality Assurance/Safety Manager and Facility Manager to ensure that all facilities meet state requirements. BISAC also participates in external trainings (OSHA, etc.) and internal proactive visits to ensure that all facilities comply with agency standards. Periodic inspections are conducted by an external party. Facility layouts may be furnished upon request. The following is a detail of each of BISAC's facilities used to serve the island of Hawai'i.

The Administrative and Fiscal offices of BISAC are located 3 miles away from the treatment facility and provide ample parking, which includes handicap parking. In addition to administrative duties being conducted at this site it is also a site that provides vocational training services and houses Hawaii Island Health and Wellness Center (HIHWC) which is a subsidiary of BISAC. HIHWC provides mental health services for the community and provides auxiliary services for BISAC clients who have additional needs. HIHWC has a waiting room, receptionist office, three therapy offices and an office for observation and training purposes (e.g., one-way window for observation). An additional multi-purpose classroom at the facility is used primarily for vocational training purposes. This room includes: 84-inch presentation station with Bose sound system; Xerox multi-function device; 8 computer training stations with web access; and guest wireless services. Current site is home to day treatment, intensive outpatient, mental health, vocational training and vocational tracks (e.g., retail store, food trailer, administrative, and maintenance/gardening).

The East Hawai'i Adult Substance Use Facilities and Hawaii Island Health and Wellness facility in Hilo, Hawaii is in a centralized business area, with easy access from surrounding areas. It is near the offices of referral sources and conveniently located near bus routes. The facility has a reception area, nine individual counselor offices, a reception office, a business center, two group rooms, a program support office, and a lunch/break area. There are two male and female restrooms centralized in building. All sites meet ADA requirements. All sites are IT equipped and available through remote access. All outpatient sites are within close proximity of bus routes. Transportation is provided for all clients in our Therapeutic Living Programs. Another HIHWC servicing site is in an adjacent building with one group room, two private therapy offices, and a reception area. The building has restrooms and is ADA accessible.

West Hawaii Outpatient Site located in Kona. It is a centralized site which is home to our dual diagnosis treatment facility. The site has 3 therapy offices, a reception area, and room which may be used for groups.

TLP and PPWC TLP (Therapeutic Living Program) and Clean and Sober Living Programs All current TLP, Clean and Sober Living Programs and PPWC TLP programs are in Hilo. BISAC presently operates three TLP homes at various locations around Hilo and one Clean and Sober homes at separate locations also in the Hilo area. All are near the East Hawaii Treatment Facility.

Kea'au Wellness Garden BISAC utilizes the garden area for cultural services for all clients. The garden is located on a two-acre parcel near the 16-179 Melekahiwa Street Administration office address in Kea'au.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the

qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

BISAC has the appropriate structure within the organization's program and staffing patterns to reflect where each of the proposed programs fit into the overall organization and where each of the proposed, budgeted staff members provide services and lines of supervision. The organization has a volunteer Board of Directors (receiving no monetary compensation) consisting of concerned community members from East and North Hawai'i. Client staff ratio is 1:15.

The Chief Executive Officer (CEO) holds a Doctorate in Psychology and is a Hawai'i State Certified Substance Abuse Counselor. The CEO oversees all aspects of the agency including administration, fiscal and clinical operations. The Fiscal Lead reports to the Chief Executive Officer and provides monthly oversight of financial operations and is responsible for the day-to-day operations. The Program Directors report directly to the CEO regarding day-to-day clinical program operations. Our Administration is made up of highly qualified individuals who provide the leadership and guidance to support staff and help create systems which improve the overall quality of care for our clients. BISAC's Medical Director, APRN, Leilani Kerr provides medical oversight of BISAC's Therapeutic Living Programs.

BISAC is committed to maintaining the highest quality of staff for all the treatment services provided at every site island-wide. All staff meets or exceeds minimum qualifications, including necessary experience for staff assigned to this proposal. The proposed staff to client ratio is 1:15. The following are staffing for Adult Programs, Pregnant Women and Women with Dependent Children, and Integrated Addiction Case Coordination. *Full job descriptions may be furnished upon request.*

Program Administrators the Program Administrators are qualified individuals of the senior management staff who are responsible for the day-to-day operations at designated sites. These individuals are responsible for the Programs, Facilities Management, Planning and Resource Development under the supervision of the CEO for sites (e.g., DT, IOP, OP, TLPs, Clean and Sober, etc.). The Program Administrator is responsible for staff coverage, provides relief for overflow of direct service, co-facilitates clinical meetings, and co-facilitates in-service training for staff.

Director of Substance Treatment Services the Director of Substance Treatment Services is a qualified individual of the senior management staff and is responsible for the operations of their designated island area. This individual is responsible for the Programs, Facilities Management, Planning and Resource Development under the supervision of the CEO for geographical sites (e.g., OP, TLPs, Clean and Sober, etc.). The Director of Substance Treatment Services is responsible for staff coverage, provides relief for overflow of direct service, conducting supervision and providing at least monthly in-service training for his staff. This administrative position is also responsible for researching alternative funding sources, writing grants and proposals, the organizations monthly, quarterly and annual reporting system.

Health and Safety Quality Assurance Manager this individual plan, coordinates, and implements the quality management and quality improvement programs for BISAC. Monitors and aids with quality assurance and compliance functions. Provides consultation and direction to ensure programs and services are implemented at the highest standards and patients receive the highest level of care. Ensures policies and procedures are monitored and updated to include regulatory changes. Also identifies hazardous workplace conditions and concerns, trains employees on CPI.

Assessment/Intake Counselor the Assessment/Intake Counselor is a qualified staff member who is responsible for facilitating all screenings, assessments and orientation of clients for proper placement into Outpatient and Therapeutic Living programs. This position reports directly to the Program Administrator for day-to-day operations and Clinical Coordinator for clinical support and supervision.

Substance Abuse Counselor II-IV the Substance Abuse Counselor will report directly to the Program Administrator for day-to-day programmatic operations and to Clinical Coordinator/Quality Assurance Manager for clinical supervision and development. The Substance Abuse Counselors are qualified staff member who is responsible for assisting and conducting in the collection of assessments, intakes and orientation of clients for proper admission into our programs. This staff member is also responsible for maintaining a case load.

Dual Diagnosis Therapist the Dual Diagnosis Therapist report directly to the CEO on day-to-day programmatic operations and to Clinical Coordinator/Quality Assurance Manager for clinical supervision and development. The therapist is a pre or post licensed therapist who is responsible for assisting and conducting in the collection of assessments, intakes and orientation, and providing individual therapy. This staff member is also responsible for maintaining a case load. This is unique to BISAC's West Hawaii staff and only provides specialty dual diagnosis care which is not the same as substance use services provided at our East Hawaii site.

Office Manager the Office Manager is a qualified staff member with the ability to provide clerical support to the Program Administrator and/or its designee. The Office Manager is responsible for the ordering of office supplies, centralized scheduling, responsible for the site's direct service staff hours and filling open and/or no-show appointments, maintaining and coordinating appointments for daily waitlist, when necessary, managing the screening calls and/or messages from external resource agencies, and as necessary handling the overflow of form completion for the Intake Coordinator.

Land and Cultural Resource Manager the Land and Cultural Resource Manager is a qualified counselor who is responsible for facilitating and implementing therapeutic horticulture that supports land-based learning, social enterprise, and food self-sufficiency. These individual reports directly to the Chief Clinical Officer and Chief Executive Officer.

Vocational Coordinator the Vocational Coordinator plans, organizes, coordinates, manages and evaluates the Vocational Training Program and reports directly to the Chief Clinical Officer, who reports to the CEO. This position ensures a high quality of program management that operates effectively and efficiently according to clients' vocational needs.

Vocational Supervisors the Vocational Supervisors will provide on job vocational training to clients following the completion of programmatic requirements. These individuals currently work for the program and will provide specialized on the job training in the following areas: culinary, maintenance, retail, and office. These individuals are current BISAC staff working within these specialized fields.

Mental Health Counselors the Mental Health Counselors are members of the Hawaii Island Health and Wellness Center a subsidiary of BISAC that provides mental health support services for both current BISAC clients and/or community clients. MHC are qualified staff members who are responsible for assisting and conducting psychological assessments, intake and orientation of clients. They address co-occurring and underlying issues to addiction. These individuals provide services at the East Hawaii and Kea'au sites.

BISAC ensures and demonstrates that all applicants and employees have the knowledge, skills, and abilities to effectively deliver services and enhance the quality of care for our clients. A more thorough description of duties and qualifications may be furnished upon request.

The BISAC Board of Directors is the governing authority over the agency and oversees hiring the Chief Executive Officer. The Board of Directors ensures that the Chief Executive Officer has the education, experience and ability to carry out the agency's mission at the direction of the Board. The CEO provides supervision to all departments within the agency and oversees the organization. The CEO received her Doctorate in Clinical Psychology from an APA accredited institution and has led training programs recognized by ADAD for continuing education credits. She also is a Licensed Clinical Psychologist and a certified substance abuse counselor in the State of Hawai'i. CEO is also currently working on her second doctorate in Education – Transformational Leadership.

Program Administrators provide clinical supervision and direction in conjunction with contracted employees: Medical Director, IT and CFO. The agency's CFO has extensive experience in accounting and oversees the fiscal and budgeting matters and reports directly to the Chief Executive Officer. Her responsibilities include supervision of the fiscal staff and coordination of financial audits with our independent auditing firm. Fiscal staff attends training programs related to their specific duties and responsibilities.

The Big Island Substance Abuse Council has very liberal policies regarding staff development and training. BISAC considers staff training to be a priority and recognizes that there has been an increase in training opportunities on the Island of Hawai'i. BISAC provides access to E-training programs developed to meet the training needs of staff. Continual internal training is provided to all staff at least bi-monthly via all staff meetings, clinical meetings, and supervision.

Upon hire and at the time of their annual employee evaluation, each staff member completes a Staff Training. This plan is completed in coordination with the staff member and their immediate supervisor. The purpose of this plan is to assist the staff member by identifying and accomplishing their training and career goals through in-service trainings, continuing education and other opportunities inside and outside the agency.

BISAC allocates approximately one percent (1%) of our annual budget towards staff training and/or support materials (including technology) in order to empower BISAC's staff. In addition to off island training opportunities, credentialed professionals are invited to BISAC, to participate in specialized training topics. All clinical staff is oriented to clinical training. In addition, all attendees complete a Staff Training form following the training that indicates their personal critique of the training and their understanding of the material. These forms are submitted to the staff member's immediate supervisor for review to ensure that the intended purpose of the training was met and are considered when completing the semi-annual Staff Training Plan. Additional training opportunities are provided following weekly Clinical Meetings.

Clinical supervision is an important aspect of the Training and Quality Assurance Plan. These valuable sessions ensure that standards are well maintained and are required. Clinical supervision is available daily and is based on staff training plan & goals and the objectives set as well as developing an individual learning plan to improve staff competencies in the twelve core functions. Clinical supervision includes direct observation of staff providing services. Frequency is based on skill level and staff plan that is agreed upon between supervisor and supervisee. Each plan is subject to revision as mastery of skills is achieved and additional needs are requested by the staff member or have been identified by the supervisor. All Clinical supervisors are provided with internal training on Clinical Training and Supervision. The purpose of this training is to implement training which is aligned with the agencies mission and accreditation standards, and overall provided supervisor training which follows the (12) twelve core functions.

Supervision sessions not only focus on helping the staff member in improving skills and effectiveness, but it also ensures clinical standards. More specifically, the focus of the supervision session is on case management and the therapeutic process for the counselor. Supervision is a time when the supervisor and the staff member can discuss issues that may arise in the course of each client's treatment (i.e., client progress or lack of progress) including strategies and/or techniques the counselor can implement to best influence change. Direct supervision is provided in a variety of settings, including Clinical Team Case Review and/or individualized supervision. The Supervisory model demonstrates how to obtain an assessment, work with the counselor to complete a treatment plan, and/or observe a counseling or group therapy session. Supervision also includes the quality of the clinician's work through records or assessment reviews.

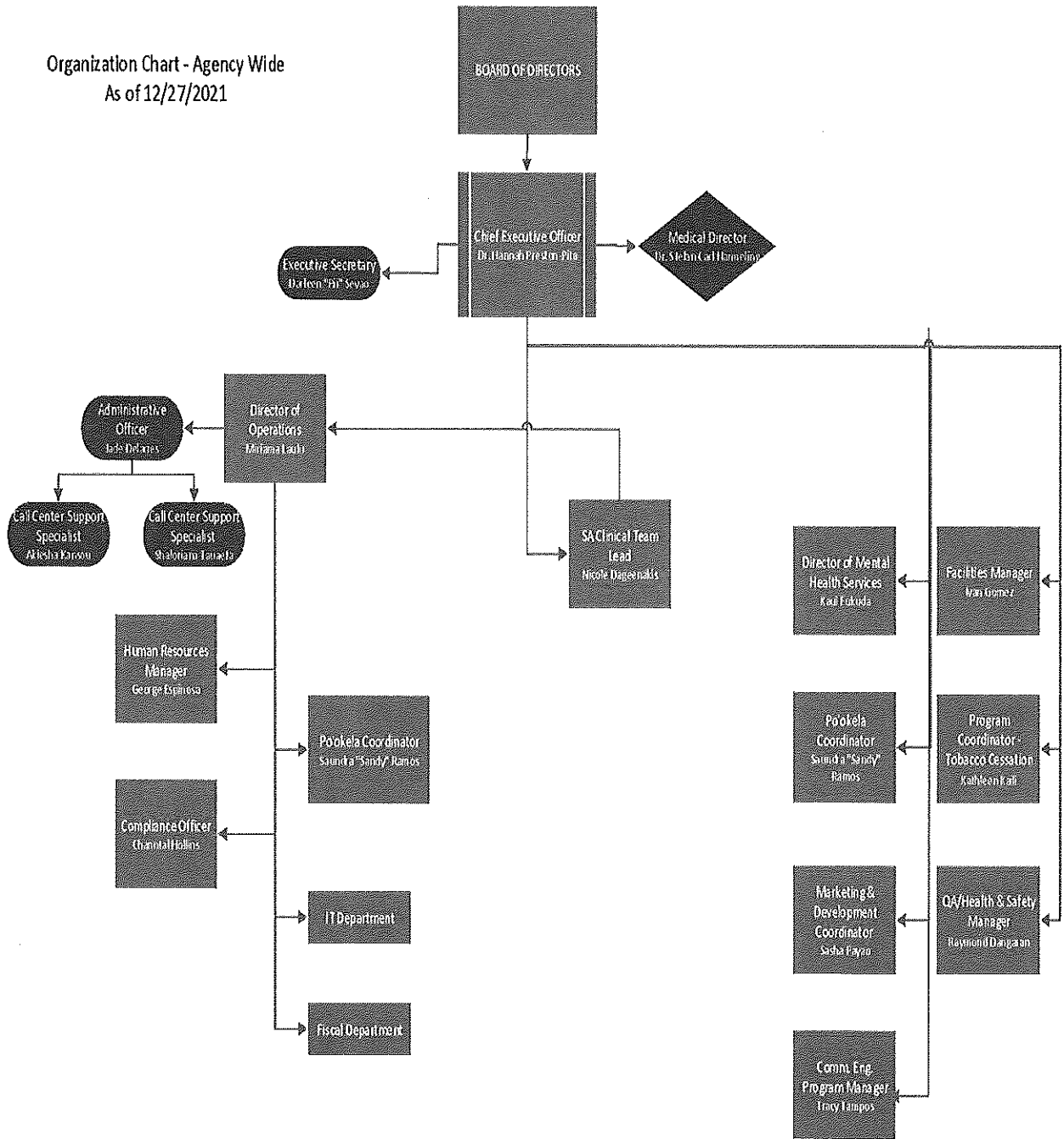
2. Organization Chart

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

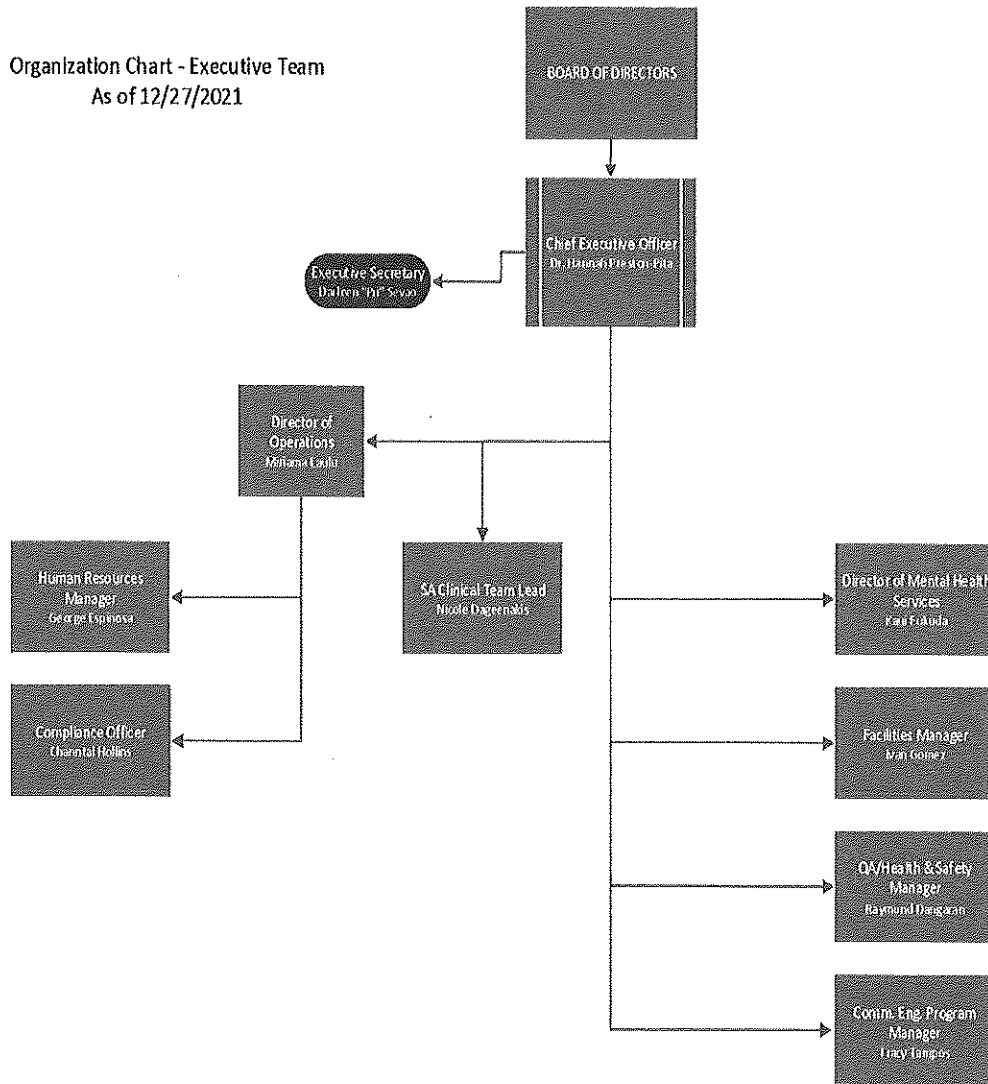
BISAC's Agency-wide Organizational Chart displays the various relationships and positions for the diverse programs. The organization is guided by the Board of Directors; they oversee the CEO. The CEO serves as the team leader overseeing the various departments. The collaboration between administration and staff promotes program effectiveness and enables BISAC to

efficiently supervise, train and provide administrative direction to staff relative to the delivery of current and proposed services. The program organization chart displays the various relationships and positions of each program BISAC has the appropriate structure within the organization's program and staffing patterns to support the program. There are several organizational charts to provide additional detail of our staffing.

Organization Chart - Agency Wide
As of 12/27/2021



Organization Chart - Executive Team
As of 12/27/2021



3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

Chief Executive Officer – \$130,000.00

Director of Operations - \$75,000.00

Mental Health Director - \$65,000.00

VII. Other

1. Litigation

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

No current litigations.

2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

BISAC is licensed through the Hawaii Department of Health and is accredited through CARF.

3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

Not applicable.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2022-23 the activity funded by the grant if the grant of this application is:

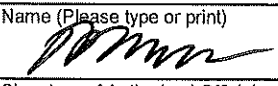
- (a) Received by the applicant for fiscal year 2022-23, but
- (b) Not received by the applicant thereafter.

BISAC will raise subsequent funds to complete the project via CDBG, private foundations and philanthropic sources. Once the project is completed it will be maintained via grants, fees, etc. BISAC will establish a maintenance endowment fund through organization fund, private donations, annual fundraisers, and retail sales via its Po`okela Vocational Training Program.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2022 to June 30, 2023

Applicant: Big Island Substance Abuse Council

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				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	0	0	0	0
C. EQUIPMENT PURCHASES	0	0	0	0
D. MOTOR VEHICLE PURCHASES	0	0	0	0
E. CAPITAL	2,000,000	2,000,000	2,000,000	
TOTAL (A+B+C+D+E)	2,000,000	2,000,000	2,000,000	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	2,000,000	Hannah Preston-Pita 808-969-9994 ext. 827		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested				
(d) Total Private/Other Funds Requested	1,500,000	Signature of Authorized Official Date		
TOTAL BUDGET	3,500,000	Hannah Preston-Pita, Chief Executive Officer		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2022 to June 30, 2023

Applicant: Big Island Substance Abuse Council

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
N/A				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				\$ -
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2022 to June 30, 2023

Applicant: Big Island Substance Abuse Council

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

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

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2022 to June 30, 2023

Applicant: Big Island Substance Abuse Council

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: 2020-2021	FY: 2021-2022	FY: 2022-2023	FY: 2022-2023	FY: 2022-2023	FY: 2023-2024	FY: 2024-2025		
PLANS	10000	0	0	0	0	0	0		
LAND ACQUISITION	0	0	0	0	0	0	0		
DESIGN	10000	0	0	0	0	0	0		
CONSTRUCTION	0	100000	200000	200000	1000000	0	0		
EQUIPMENT	0	0	0	0	0	0	0		
TOTAL:	20000	100000	200000	200000	1000000	0	0		
JUSTIFICATION/COMMENTS:									

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Big Island Substance Abuse Council

Contracts Total:

5,748,000

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	Grant in Aid	FY2022-2023	Hawaii State Legislatur	State	2,000,000
2	Kamehameha Community Investment Grant	FY2022-2023	Kamehameha Schools	Private	150,000
3	Drug Court	FY2022-2023	Judicial - Drug Court	State	186,000
4	Alcohol Drug Abuse Division	FY2022-2023	Department of Health	State	2,612,000
5	COVID Grant	FY2022-2023	Office of Hawaiian Affair	State	150,000
6	COVID Grant	FY2022-2023	Office of Hawaiian Affair	State	150,000
7	Public Safety	FY2022-2023	Public Safety	State	62,000
8	County Non-profit grants	FY2022-2023	Hawaii County	Hawaii	100,000
9	USDA	FY2022-2023	USDA	Federal	143,000
10	Change Grant	FY2022-2023	HCF	Private	20,000
11	Smoking Cessation	FY2022-2023	HCF	Private	175,000
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