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

| | HAWAII KEVISED STAT | UILU | |
|---|--|----------------------|-------------------|
| Туре | of Grant Request: | | |
| Operating | 🔳 Capita | l . | |
| Legal Name of Requesting Organization or Indiv | vidual: Dba: | | |
| The Alcoholic Rehabilitation Services of Hawaii Inc. | Hina Mauka | | |
| Amount of State Funds | Requested: \$ <u>300,000.00</u> | | |
| Brief Description of Request (Please attach word do | cument to back of page if ex | tra space is needed) |): |
| Demolish and Replace our outdated built-in closets, dilapidated beyond repair. Since our newly expande counseling areas are in need of repair after more that | d 16 beds the remaining 48 | | |
| Amount of Other Funds Available: | Total amount of S Fiscal Years: | tate Grants Recei | ved in the Past 5 |
| State: \$ | _ Fiscal reals. \$ | | |
| Federal: \$ | - ⁹ Unrestricted Asse | | |
| County: \$ | - \$ 13,086,851.0 | | |
| Private/Other: \$ | | | |
| New Service (Presently Does Not Exis | st): Existing Servi Mailing Address | ce (Presently in | Operation): 🔲 |
| 501(C)(3) Non Profit Corporation | 45-845 Po'okela | | |
| Other Non Profit | City: | State: | Zip: |
| Other | Kaneohe | HI | 96744 |
| Contact Person for Matters Involving this Ap | oplication | | |
| Name: Heather Butler | Title: Administrative S | upervisor | |
| Email: hbutler@hinamauka.org | Phone: 808.304.4492 | | |
| Federal Tax ID#: | State Tax ID# | | |
| Alan Jo | ohnson, President and | CEO 1/1 | 19/2023 |
| Authorized Signature | Name and Title | 010 | Date Signed |

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)
 - c) Equipment and motor vehicles (Link)
 - d) Capital project details (Link)
 - e) Government contracts, grants, and grants in aid (Link)
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing

AUTHORIZED SIGNATURE

ALAN JOHNSON, PRESIDENT AND CEO

PRINT NAME AND TITLE

1/19/2023

DATE

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)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2022. (See Attached)

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with <u>Section</u> <u>42F-103</u>, <u>Hawaii Revised Statutes</u>. (See Attached)

3. Public Purpose

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

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;

Hina Mauka was established as The Alcoholic Rehabilitation Services of Hawaii Inc. in July 1977. With 84 full-time and 15 part-time employees, we serve low-income adults (18 and older) with Alcohol and Substance Abuse as well as co-occurring mental health disorders. Over 80% of our population are low to moderate income, 76% of our patients report annual income of less than \$19,000. Hina Mauka is a leader in treating complex patients in Hawaii having substance use disorder addiction, mental illness, and chronic health conditions. We offer comprehensive services to include substance use disorder treatment and co-occurring mental health disorder treatment , case management, peer mentoring, psychiatric services, and family education. Programs are collaborative involving many other referral and treatment agencies in our treatment planning. Individual and group counseling, process groups, skill-building and relapse prevention education are part of Hina Mauka's services. Modalities include – Residential, Day Treatment, Intensive Outpatient, Continuing Care and Motivational Enhancement groups. We treat clients through cognitive therapies and peer group support. We also have begun serving mildly complex patients who need integrated care with psychiatrists, primary care physicians, and psychologists to help with co-morbidity issues. Recently expanded services include medication-assisted treatment, peer mentoring, and offender reentry programs. There are those with more severe conditions that need this level of care to fully recover. We are modifying our mission statement to include that we would expand treatment for those with mental health disorders even if they have milder substance abuse issues. Following COVID-19, we plan to reopen our medically managed detoxification program With the New Year upon us, we are openly looking to acquire an apartment building to help transition chronic substance abuse patients that are homeless or offender reentry back into the community, providing vocational counseling as well as housing. Several years ago, we are grateful for legislative and community support to help us expand with a new 16-bed wing to our residential facility to accommodate a long wait list. However, the previous 48 bed facility is showing significant signs of aging and deterioration.

2. The goals and objectives related to the request;

The goal of this project is to replace our aging and outdated built-in closets and vanities, shelves, sinks and related items since they have aged and are in dilapidated shape. A few years ago we expanded 16 beds but the remaining 48 room and downstairs central and counseling areas need repair after more than 25 years of wear. Hina Mauka residential is situated on state land, of which was renewed with a remaining 34-year land lease with the Department of Health. Hina Mauka's aging built-in closet systems and vanity/sink areas will not withstand the long lease and will need to be upgraded in order to support our ongoing residential admissions. Our objective is to replace (demo and rebuild) outdated built in closet systems and replace vanity's & sinks upstairs and downstairs as well as make repairs to walls and other related construction repairs in our Kaneohe building, which would enable us to continue to provide the much-needed substance abuse, mental health and medical services to the people of our community.

3. The public purpose and need to be served;

Hina Mauka treats about 1800 adults per year who suffer from substance abuse, mental health, and medical issues, the majority of them in our Kaneohe facility for residential and outpatient services. We expect to provide residential treatment to over 600 individuals in 2023. Many of those admitted into residential are homeless and have multiple chronic conditions. Without simultaneous treatment of substance abuse, mental health, and medical issues they often end up in a vicious cycle of emergent care visits and are discharged without treating all aspects of their illnesses. Residential treatment provides the needed holistic approach to care for and treat multiple chronic conditions to increase an individual's physical, mental, spiritual, and emotional wellbeing. When people with a multitude of chronic health conditions, addiction, and mental health issues are ready for treatment, it is imperative that providers of residential treatment like Hina Mauka act swiftly for the window of opportunity to help those who meet the medical necessity for residential treatment is small. The needs of our community are pressing as we are operating at maximum capacity.

The consequences of non-treatment are devastating and often lead to other issues involving medical conditions, homelessness, criminality, and mental illness. The more chronic their issue, the more they suffer, the more expensive they are to healthcare, the more they are unable to manage their complex issues on their own and the more they need residential services to achieve a positive outcome. Residential treatment provides social detoxification in a stable, therapeutic, and healthy environment with wrap around services addressing complex illnesses through our psychiatric and medical care team. Residential treatment lowers the risk of relapse allowing a person to focus on recovery with the support of psychiatrists, nurses, counselors, peer mentors and case managers.

Hina Mauka is the primary residential facility that is committed to addressing the multiple chronic conditions (substance abuse, mental health and medical health issues) as a means to help reduce long-term suffering. We ask for the State's help to transform our aging facility to withstand our extended lease of 34 years, meet the healthcare standards and support the increased residential bed space needed to serve our people, families, and community for years to come.

4. Describe the target population to be served; and

Located in Windward Oahu, we serve the entire State of Hawaii; our population is predominately low-income adults +18 years old who suffer from chronic drug/alcohol addiction, mental health disorders as well as disabling medical conditions. This population can include homeless, elderly, battered spouses, illiterate, disabled, and veterans with mental health issues. 84% of our patients are between the ages of 20-49, the largest ethnic groups served by our programs are: 52% Hawaiian/Pacific Islander, 21% Asian, and 20% Caucasian. 89% of our patients meet the HUD definition of homelessness and 61% reports earning less than \$10,000 annually.

5. Describe the geographic coverage.

Hina Mauka provides residential services to residents statewide.

III. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

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

Our 48-bed original building built back in 1996 has 48 individual built-in closets, and 24 vanities/sinks that are aging and beyond repair because the shelving is termite eaten and falling apart and or obsolete. Our original 48 residential built-ins are over 20 years old, falling apart, broken and even some beyond repair. Moreover shelving, sinks in our downstairs nursing, counseling and staff service areas are in need of repair. We intend to repair walls, closets, sinks, and other related items.

Hina Mauka plans to hire a contractor to reconstruct/replace closet systems, and vanity's & sinks a month by repairing a limited number of items per month so as to keep services ongoing; however, we intend to complete this project in 12 months. This plan will allow us to still provide substantial residential treatment services without disruption to our day-to-day programming. Additionally, we can shift our clients as needed in/out of vacant (available) rooms as the contractor works through the project until completion.

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

The Projected annual timeline for accomplishing the results are as follows:

Month 1 – Notice of Award, Notice to Proceed, Start Obtaining Quotes/Bids for Services

Month 2 – Award Contract to Lowest/Acceptable Bidding Contractor

Month 3 – 12 – Demolition and Rebuilding of Built In Closet Systems, Sinks/Vanities and other related projects

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

Hina Mauka will work closely with the state as well as contractors to ensure that all work meets regulatory codes and requirements of the grant. Hina Mauka's Facility maintenance department will review all plans/proposals and review the work of the contractor to ensure compliance with the scope of services.

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.

Hina Mauka will select a reputable and registered contractor that meets state approval. Hina Mauka has an extensive administrative and accounting department that is experienced in reporting requirements. Hina Mauka has over 25 various state and federal contracts all of which include annual monitoring of contract requirements. All contracts, including reports are current and in good standing.

IV. Financial

Budget

- 1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - 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 2024.

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total Grant |
|-----------|-----------|-----------|-----------|-------------|
| \$50,000 | \$100,000 | \$150,000 | | \$300,000 |

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2024.

Hina Mauka is not seeking other funding sources for this project at this time.

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.

None – Hina Mauka has not received any state or federal tax credits.

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 2024 for program funding.

See Budget Form Page 10.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2022.

Hina Mauka's unrestricted current assets as of December 31, 2022 is \$13,086,851.00

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.

As one of the largest treatment providers for low-income residents with over 50 years of experience, Hina Mauka has state licenses (STF), national accreditation (CARF) and about 25 contracts with government and insures to provide residential treatment services.

Qualifications: Operations began in 1995, when Hina Mauka successfully constructed the residential facility (24,000 sq. ft.) which was funded by State Grant-in-Aids Funds as well as numerous local foundations and businesses.

In 2008, Hina Mauka has successfully completed a Three Phase building project (2,400 sq. ft.) to expand outpatient services, which was funded by a planning and subsequent construction Community Development Block Grant (CDBG) grant in 2004 and 2005 with generous donations from The Harry and Jeannette Weinberg Foundation and the Harold K.L. Castle Foundation.

Most recently Hina Mauka has completed our 16 residential expansion project which was complete in March of 2018. With the newly constructed 16 bed residential expansion completed Hina Mauka now needs to focus on bringing the existing 48 bed residential wing of our building up to par to match the current condition of our 16-bed expansion project!

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.

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

Hina Mauka's Kaneohe facility has the ability to provide residential services to 64 clients at any given time. This residential facility has adequate space for several outpatient groups and houses our administrative staff, kitchen, dining room, laundry room, and individual counseling rooms. The residential clients reside upstairs, which is accessible by stairs and elevator. On the ground floor, there are 5 large, enclosed group rooms, an expansive dining room that also serves for client groups, recovery meetings and staff trainings, 9 individual enclosed counseling rooms, a Treatment Associates' office that is open 24 hours a day, a physician's office, a nursing office, a physical examination room, a

large, enclosed chart/documentation room, and a large enclosed clinical administrative office. Double closed doors provide privacy and separate the clinic area from the large open lobby where our receptionist and intake specialist's welcome guests, our patients, families, and those seeking program services.

The building meets all ADA regulations and has been further designed to accommodate persons with disabilities. The building is equipped with an elevator; wide doors; client rooms and offices that accommodate wheelchair access; accessible bathrooms and several handicap parking spaces. The facility is isolated, providing client confidentially, and is several blocks from the nearby Hawaii State Hospital, Kaneohe Court House, Windward Community College, Windward Mental Health and the Windward District Park. The facility is accessible by bus and there is a bus stop within 2 blocks of the facility.

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

To meet the growing needs of our community, Hina Mauka expanded its operations with the completion of the Annex building in 2008. The completion of project has given Hina Mauka the capacity to provide comprehensive services that include peer mentoring, psychiatric services, family program services and case management. The Annex is equipped with a large conference room used for provider, family and board meetings, monitoring/audits, clinical group supervision, and education/process groups. It also provides office space for management and outpatient counselors. The second floor affords enough space to house all clinical medical records for 7 years. The Annex building meets all ADA regulations.

Security - Ingress and egress is maintained 24/7 by the use of personnel, surveillance cameras and door locks armed with an alarm system. Adequate personnel are on hand and signs direct persons to the front desk where visitors are required to sign in. Personnel are stationed in the main lobby to welcome visitors and ensure only authorized persons are allowed on premises. Any movement from the upstairs residence to the first floor and any attempt to open external doors will be identified by the alarm. As an extra layer of security Hina Mauka has surveillance cameras throughout the perimeter and buildings.

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.

Hina Mauka has the staff to manage construction vendors who will complete the work. Hina Mauka has an impressive resume of key personnel that will provide direction and supervision on a project of this scope. Hina Mauka's core leadership is under the direction of Alan Johnson, CEO and President who has guided the organization since 1995 through different platforms including Director of Finance and Chief Operations Officer. Desie Graves, Chief Financial Officer has over 29 years of fund accounting experience with nonprofit organizations. Sherrie Kinoshita, Director of Administration has been with Hina Mauka for 14 years and has worked in the clinical program as the Clinical Administrative Supervisor; currently she oversees the DHS Testing Department, Clinical Administration, and Administration. Heather Butler, Administrative Supervisor, has been with Hina Mauka for 9 years and has the organizational and time management skills to keep the project moving and on task; currently she oversees Facilities and Food Service department. Aaron Lee, Facilities Personnel, has been with Hina Mauka for 1 years and has extensive knowledge of demolition, reconstruction and contacting with contractors.

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. **Please see Attachment A – Organizational Wide Org. Chart & Construction Org. Chart**

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, <u>not employee name.</u>

| Title | Salary |
|-------------------------|-----------|
| Chief Medical Director | \$160,696 |
| President and CEO | \$157,000 |
| Chief Financial Officer | \$130,000 |

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.

Hina Mauka has no known litigations at this time.

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.

In accordance with Title 11 Chapter 98 Special Treatment Facility, Hina Mauka is currently licensed as a Special Treatment Facility and agrees to abide by applicable rules governing accreditation of substance abuse programs. Since the 1995, Hina Mauka has also maintained a Substance Treatment Facility (STF) license for residential services through the Department of Health. This license is monitored annually, of which Hina Mauka remains in good standing.

** Please see Attachments - State of Hawaii STF License * Certificate of Insurance**

Originally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in 1999, we have been awarded three-year accreditations starting in 2002 to our current accreditation which expires in 2023 (pending reaccreditation). CARF is a national organization that establishes standards of quality for healthcare program and services and uses those standards to determine how well an organization is serving its consumers and how it can improve. Hina Mauka's CARF accreditation is an indication of our enduring commitment to quality.

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 <u>Article X, Section</u> <u>1, of the State Constitution</u> for the relevance of this question.

Not Applicable

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2023-24 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2023-24, but
- (b) Not received by the applicant thereafter.

Once the remodeling has been completed this will then bring our existing original rooms up to current with our newly constructed 8 additional rooms. Not only will this capital improvement project greatly improve our services provided to our residential clients but this will also enable our entire 64 bed facility to withstand our extended land lease and allow us to continually provide services to residential clients for decades.

DECLARATION STATEMENT OF APPLICANTS FOR GRANTS PURSUANT TO CHAPTER 42F, HAWAI'I 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, Hawai'i 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.
- If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i 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; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i 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.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

Pursuant to Section 42F-103, Hawai'i 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.

The Alcoholic Rehabilitation Services of Hawaii Inc., dba Hina Mauka (Typed Name of Individual or Organization)

1/19/23 (Signature) (Date)

Alan Johnson (Typed Name)

President and CEO (Title)

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2023 to June 30, 2024

Applicant: The Alcoholic Rehabilitation Service of Hawaii, Inc dba Hina Mauka

| BUDGET CATEGORIES | | Total Federal Funds Requested | | Total Private/Other Funds Requested |
|---|---------|--|----------------|--|
| A. PERSONNEL COST | (a) | (b) | (C) | (d) |
| 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 | | | | |
| <u>11</u> | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| TOTAL OTHER CURRENT EXPENSES | | | | |
| C. EQUIPMENT PURCHASES | | | | |
| D. MOTOR VEHICLE PURCHASES | | | | |
| E. CAPITAL | 300,000 | | | |
| TOTAL (A+B+C+D+E) | 300,000 | | | |
| | 500,000 | | | |
| | | Budget Prepared | By: | |
| SOURCES OF FUNDING | | | | |
| (a) Total State Funds Requested | 300,000 | Donio Graves | | 909 447 5070 |
| | 300,000 | Desie Graves Name (Please type or p | (nt) | 808-447-5272 Phone |
| (b) Total Federal Funds Requested | | in the firle of p | 50 2 | |
| (c) Total County Funds Requested | | MC | X | 1/19/23 46 |
| (d) Total Private/Other Funds Requested | | Signature of Authorized | Official | Date |
| TOTAL BUDGET | 300,000 | Alan Johnson, Presider Name and Title (Please | | |
| | 000,000 | name and The (Flease | type or print) | |

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2023 to June 30, 2024

Applicant: _The Alcoholic Rehabilitation Services of Hawaii Inc., c

| 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, 2023 to June 30, 2024

Applicant: The Alcoholic Rehabilitation Services of

| 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, 2023 to June 30, 2024

Applicant: The Alcoholic Rehabilitation

| TOTAL PROJECT COST | | | STATE FUNDS REQUESTED | OTHER SOURCES OF FUNDS REQUESTED | | EQUIRED IN ING YEARS |
|--------------------|---------------|---------------|--------------------------|-------------------------------------|--------------|-------------------------|
| | FY: 2021-2022 | FY: 2022-2023 | FY:2023-2024 | FY:2023-2024 | FY:2024-2025 | FY:2025-2026 |
| PLANS | | | | | | |
| LAND ACQUISITION | | | | | | |
| DESIGN | | | | | | |
| CONSTRUCTION | | | 300,000 | | | |
| EQUIPMENT | | | | | | |
| TOTAL: | | | 300,000 | | | |

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

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

Contracts Total: 16,933,950

| | CONTRACT DESCRIPTION | EFFECTIVE DATES | AGENCY | GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County) | CONTRACT VALUE |
|---|---|--------------------|------------------------|---|-------------------|
| | | | Dept. of Health | | |
| 1 | | Oct 1, 2020- | Alcohol and Drug Abuse | | |
| | #21-066 Prevention Teen CARE Oahu & Kauai | Sept 30, 2022 | Division (ADAD) | State | \$1,430,000 |
| | | | Dept. of Health | | |
| 2 | #22-037 Substance Abuse Treatment Adult & | Oct 1, 2021- | Alcohol and Drug Abuse | | |
| | Teen CARE Oahu | Sept 30, 2023 | Division (ADAD) | State | \$3,420,000 |
| | | | Dept. of Health | | |
| 3 | #22-037 Substance Abuse Treatment Teen | Oct 1, 2021 - | Alcohol and Drug Abuse | | |
| | CARE Kauai Rural Remote | Sept 30, 2023 | Division (ADAD) | State | \$1,080,000 |
| | | | Dept. of Health | | |
| 4 | | July 1, 2020 - | Alcohol and Drug Abuse | | |
| | #20-233 Complex Patient Adult RESIDENTIAL | June 30, 2021 | Division (ADAD) | Aid | \$150,000 |
| | | | Dept. of Health | | |
| 5 | #20-104 Substance Abuse Treatment Adult & | Oct 1, 2019 - | Alcohol and Drug Abuse | | |
| | Teen CARE | Sept 30, 2021 | Division (ADAD) | State | \$7,430,000 |
| | | | Dept. of Health | | |
| 6 | #20-104 Substance Abuse Treatment Teen | Oct 1, 2019 - | Alcohol and Drug Abuse | | |
| | CARE Kauai Rural Remote | Sept 30, 2021 | Division (ADAD) | State | \$1,080,000 |
| | | | Dept. of Health | | |
| 7 | #22-170 Adult Dual Diagnosis Residential, | Oct 28, 2021 - | Adult Mental Health | | |
| | Day Treatment and Continuing Care | Oct 27, 2023 | Division (AMHD) | State | NA |
| | | | Dept. of Health | | |
| 8 | | Aug 1, 2019 - | Adult Mental Health | | |
| | #20-119 Integrated Case Management Plus | July 31, 2022 | Division (AMHD) | State | NA |
| | | | Dept. of Health | | |
| 9 | | April 1, 2019 - | Adult Mental Health | | |
| | #19-234 Community Based Case Management | March 30, 2022 | Division (AMHD) | State | NA |

| 29 | | | | | |
|----|---|---------------------------------|--|---------------------------|--------------------------|
| 28 | | | | | |
| 27 | | | | | |
| 26 | | | | | |
| 25 | | | | | |
| 24 | | | | | |
| 23 | | | | | |
| 22 | | | | | |
| 21 | Probation | July 1, 2021 - June | Services Branch | State | \$120,000 |
| 24 | J20137 Substance Abuse Treatment Adult | • | Judiciary Adult Client | | |
| 20 | CT-DCS 2000080 Grant in Aid Flooring | Sept 30, 2020 | Community Services | City & County HN | \$125,000 |
| | | Oct 30, 2019 - | C&C Dept of | | φυσυ,σου |
| 19 | Kitchen, Carpet, Flooring, Grease In | June 30, 2022 | Dept. of Health | Aid CIP | \$500,000 |
| - | #19-274 Grant in Aid - HVAC #18-255 Grant in Aid - Facility Upgrades | June 30, 2022 Sept 4, 2018 - | Dept. of Health | State Grant in | \$200,000 |
| 18 | #19-274 Grant in Aid - HVAC | March 25, 2020 - | Dopt of Hoolth | State Grant in Aid CIP | ¢200.000 |
| | Oahu) | Sept 30, 2022 | Trial | U.S | \$91,380 |
| 17 | 0975-22-UA-01C Urinalysis Testing (Central | Oct 1, 2021 - | Federal Probation & Pre- | | #0 (0 0 5 |
| | (Windward Oahu) | Sept 30, 2022 | Trial | U.S | \$22,800 |
| 16 | 0975-22-UA-01WW Urinalysis Testing | Oct 1, 2021 - | Federal Probation & Pre- | | |
| 15 | Occuring | Sept 30, 2022 | Trial | U.S | \$85,560 |
| 15 | 0975-21-RES Residential Treatment Co- | Oct 1, 2020 - | Federal Probation & Pre- | | |
| 14 | Offenders Oahu | Oct 31, 2022 | (WCCC) | State | \$844,000 |
| | #69211 Residential Treatment for Female | Nov 1, 2020 - | Dept. of Public Safety | | , , |
| | Trial Defendants | Dec 31, 2022 | Center) | State | \$120,000 |
| 13 | #67659 Substance Abuse Treatment for Pre- | Jan 1, 2019 - | (Oahu Intake Service | | |
| | | | Dept. of Public Safety | | φ200,210 |
| 12 | #17-POS-4016 Assessment and Monitoring Adult | Jan 1, 2017 - June 30, 2022 | Dept of Human Services Social Services Division | State | \$235,210 |
| | #19-081 Intensive In-Home Therapy (Honolulu) | | (CAMHD) | Slate | |
| 1 | #10.081 Intensive In Home Therepy (Hensly) | Feb 1, 2018 - | Mental Health Division | State | NA |
| 11 | | Fab 1 2010 | Child & Adolescent | | |
| 1 | | | Dept. of Health | | |
| | Oahu) | June 30, 2022 | | State | NA |
| | #19-080 Intensive In-Home Therapy (Central | Feb 1, 2018 - | Mental Health Division | | |
| 10 | | | Child & Adolescent | | |
| | | | Dept. of Health | | |

| 20 | | | |
|----|--|--|--|
| 30 | | | |
| | | | |
| | | | |



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

THE ALCOHOLIC REHABILITATION SERVICES OF HAWAII, INC.

was incorporated under the laws of Hawaii on 11/16/1976 ; 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 19, 2023

Nadinil Pendo

Director of Commerce and Consumer Affairs



JSUMIDA

| DATE (MM/DD/YYYY) |
|-------------------|
| 7/5/2022 |

HINAMAU-01

| CE BE RE IMI | RT LO PR POI | IFICATE | DOES | | АМ | | | | | | | |
|---|---|---------------------------|--------------------|------------------|----------------------|----------------------------|--|---|---|--|-----------|------------------|
| lf | | | | IFICATE OF | ATIVE NSUF | ly o Rance | R OF INFORMATION ONLY R NEGATIVELY AMEND, E DOES NOT CONSTITUTE ERTIFICATE HOLDER. | EXTEND OR ALT | FER THE C | OVERAGE AFFORDE | D BY TH | IE POLICIES |
| | | BROGAT | ON IS | WAIVED, sub | ject t | o the | DITIONAL INSURED, the po terms and conditions of th ificate holder in lieu of such | e policy, certain | policies may | | | |
| PRODUCER Jerry Hay, Inc. 650 Iwilei Road, Suite 206 | | | | | | | P (/ | | | | | 457-4780 |
| Hono | oluli | u, HI 968 | 7 | - | | | Ā | MALESS info@je | | | | |
| | | | | | | | | | | | | NAIC # |
| | | | | | | | | INSURER A BERKLEY NATIONAL INS CO | | | | 10781 |
| The Alcoholic Rehabilitation Services Of Hawaii Inc. dba Hina Mauka | | | | | | | F- | | | | | |
| | | | | | | | 1 | INSURER D | | | | |
| 45-845 Po'okela Street Kaneohe, HI 96744 | | | | | | | И | INSURER E | | | | |
| | | | , | | | | I | ISURER F | | | | |
| | | AGES | | | | | E NUMBER: | | | REVISION NUMBER | | |
| INE CE EX | DICA | ATED. NO | otwiths Ay be i | Standing any | REQ AY PE H PO | UIREM RTAIN LICIES | SURANCE LISTED BELOW HA ENT, TERM OR CONDITION , THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE BE | OF ANY CONTRA D BY THE POLIC EEN REDUCED BY | CT OR OTHE | R Document with re Bed Herein is Subject | SPECT TO | WHICH THIS |
| INSR LTR | | | ADL | DL SUBI | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | |
| A | X | | | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| ┝ | | | IS-MADE | X OCCUR | | | HHS8525634-16 | 7/1/2022 | 7/1/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | | 100,000 5,000 |
| ┝ | | | | - | | | | | MED EXP (Any one person) | \$ | 1,000,000 | |
| F | GEN'L AGGREGATE L MIT APPL ES PER: | | | | - | | | | | PERSONAL & ADV INJURY | | 3,000,000 |
| | GEN | POLICY | PRO- JECT | LOC | | | | | | GENERAL AGGREGATE PRODUCTS - COMP/OP AG | | 3,000,000 |
| A | A AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED HIRED AUTOS ONLY AUTOS ONLY | | | | | HHS8525634-16 | | 7/1/2023 | COMBINED SINGLE LIMIT | \$ | 1,000,000 | |
| | | | | | | | 7/1/2022 | | (Ea accident) BODILY INJURY (Per perso | s n) s | .,, | |
| | | | | | | | | | BODILY INJURY (Per accid PROPERTY DAMAGE (Per accident) | | | |
| ŀ | | AUTUS UN | | AUTUS UNLT | | | | | | | s | |
| Α | | UMBRELL | LIAB | X OCCUR | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | X | X EXCESS LIAB CLAIMS-MADE | | | DE | | HHS8525634-16 | 7/1/2022 | 7/1/2023 | AGGREGATE | \$ | 1,000,000 |
| В | WOE | DED | RETENT | | | _ | | | | PER OTI | \$ | |
| | | RKERS COM | | 1/ | N | | WC0011290 | 7/1/2022 | 7/1/2023 | STATUTE | | 500,000 |
| Ś | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | 100011230 | 11 11 2022 | | E.L. EACH ACC DENT | \$ | 500,000 | | | |
| I | If yes, describe under | | | | | | | | E.L. DISEASE - EA EMPLO | | 500,000 | |
| | A Prof Liability | | | | | | HHS8525634-16 | 7/1/2022 | 7/1/2023 | E.L. DISEASE - POLICY LIN Each Claim | | 1.000.000 |
| A | | | | | | | | 7/1/2022 | 7/1/2023 | Aggregate | | 3,000,000 |
| | | | | | | | | | | | | |
| Evide | ence | of Insura | nce | /LOCATIONS / VEI | IICLES | (ACOR | D 101, Additional Remarks Schedule, | may de attached if mo | re space is requi | (rea) | | |
| | | | | | | | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--|
| Proof of Insurance | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

© 1988-2015 ACORD CORPORATION. All rights reserved.